STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? statement (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR ØR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) arrand (Month) 5a. If married, widowad, or divorced BINDIN HUSBAND of HEREBY CERTIFY, That I altanded deceased from (or) WIFE of 10 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day. 3 The PRINCIPAL CAUSE OF DEATH and related causes of importancemin. 8. Trade, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. May back Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation Other Contributory Causes of importance 12, BIRTHPLACE (city or town) MARGIN (State or country) 14. BIRTHPLACE (city or fown) Name of operation_____ plain (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER in 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______, 19. 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR MEMOVAL Manner of injury CAUSE Natura of injury. NOIL 24. Was diseasa of injury in any way related to occupation of daceased?... 19. UNDERTAKER (Address) If so, specify M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Oata of onset

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"Eı	rample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	35 G 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	- Car	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ann Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
WINDITIONGE	DI ZIVII	T. OIL	T. OTCT HITTIE	OT METHER TO TO	101	TITTOTOTOTA

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	Example I		Example II	
The principal cause of dof importance were as for	eath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	REGENTER	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	s	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 5 1022	July 5,1927	Peritonitis	3 days ago
		12.3	The state of the s	
	BURLAU V.			
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	N. BWRITE PLAINLY, "H UNFADING INK-THIS IS A PERMANEN" ECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
ED FOR BINDING	HIS IS A PERMANEN	be stated EXACTL	be properly classified.	of certificate.
MARGIN RESERVED FOR BINDING	TH UNFADING INK-T	lly supplied. AGE should	plain terms, so that it may	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be carefu	CAUSE OF DEATH in 1	TION is very important.

		OF MAR	YLAND-	CERTIFICATE OF DEATH	3260
1. PLACE O					
	Washington			Registration Dist. No. 30	2~
Village or	city Hagerst	own		No. 122 Jail Alley St., 5) Ward
Length of re	sidence in city or town where	death occurred	7 vrs mo:	f death occurred in a horpital or institution, give its NAME instead of street and i	number)
2. FULL NA				100 mm m	75,
		ell Arri	_	- 6	
(a) Keside	nce: No. 122 J	ail All	e of abode)	St. 2 Ward. If nonresident give city or town and	State
PERSO	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	Diate
Male Male	4. COLOR OR RACE Colored	OR DIVORCE	RRIED, WIDOWED, ED (write the word) Tried	21. DATE OF DEATH March 2, (Month) (Day)	, 193 3 (Year)
5a. If married, wido HUSBAND of (or) WIFE of		Inninet	010	22. I HEREBY CERTIFY, That I attanded	, , , , , , , , , , , , , , , , , , , ,
(OI) WIFE OI	Manie	Arringt	on	Tel- 15 _ 1033 to Fran 2	1933
6. DATE OF BIRTH	(month, day, and year) De	c. 25,	1893		; death is said
7. AGE Ye	ars Months	Days	If LESS than	to have occurred on the date stated above, at 7:00A m.	
	39 2	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10.
8. Trade, profe	ession, or particular work dona, as SPINNER.	-		GI.	Date of onset
		Laborer	•	abuss of train	the
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					
10. Data decea	sed last workad at upation (month and	spe	time (years) ent in this upation		33
12. BIRTHPLACE (c	ity or town) Elkt			Other Contributory Causes of Importance:	
(State or cou				Detertier	
13. NAME	James Arring	ton		Markey	
I 4. BIRTHPLAC		ton		Name of operation Date of	
	r country) Va			What test confirmed diagnosis? Was there an a	utopsy?
	AME Caroline			23. If death was dua to axternal causes (VIOLENCE) fill in also tha following	
	E (city or town)			Accident, suicida, or homicide? Data of injury	, 19
17. INFORMANT	Mamie Arrin	a. gton.		Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	lCE.
(Address) 18. BURIAL CREMA ROS Place	Hagerstown,	ery Mar	, 4 , 33	Manner of injury	**********
19. UNDERTAKER	Fred W. Kra	iss.		Nature of injury 24. Was disease or injury In any way related to occupation of deceased?	
(Address)	Hagerstown,			If so, specify	
20. FILED 3 -	4- 1033 6	miffe	Registrar.	(Signed) (Address) 2 4 5 2 - Server	M.D.
	If more	hlanks are needed	address State Registrar		

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Example I		Example II	20101
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 0 1933	1		
Other contributory causes of importance: . S		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

<u>.</u>	ا بدد	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03261
infor	state UPA-	1. PLACE OF DEATH	
	P 3	County Weshington	Registration Dist. No. 302,
E.	-	Village or City 26 a from www.	No. 1038 bamilton Black 5 Ward
-=	. 0	/ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
ery	ent	Length of residence in city of two where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
E	statement	2. FULL NAME Varau C. JOK	
ORD.	PHYSICIAN	(a) Residence: No. / O O Nau Mou (Usual place of abode)	Ward. If nonresident give city or town and State
9	t E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E	Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
- Z	. I	Leurse White OR DIVORCED (write the word)	(Month) (Day) (Yaer)
BINDING	ssified	Se. If married, widowed, or divorced	22. HEREBY CERTIFY Thet attended decaesad from
IQ Y	A A	Conjust of Janforth. Baler	22. I HEREBY CERTIFY. Thet I attended decaesad from
SIN	e C N	6. DATE OF BIRTH (month, day; end year) Self T. 4. 1856	I last saw New alive on March 11, 1933; death is seid
· ·	d l	7. AGE Yeers Months Days, If LESS then	to heve ocurred on the deta stated above, et 330 A.m.
FOR IS A	stated E properly certificate	76 6 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were es follows:
- 70	-	8. Trede, profession, or particular kind of work done, es SPINNER,	were es follows: Date of one et
日田	be of	SAWYER, BOOKKEEPER, atc.	A A A
RV L	ould may back	9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Throme Myo Carditis 1929
RESERVED G INK—THE	shoul t it ma on bac	10 10. Data deceasad lest worked at 11. Totel time (years)	<i>J</i>
E I		this occupetion (month and 32 spent in this occupetion	
Z.	oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Calow Bridge	Other Contributory Causes of importance:
A O	s, s ruc	(Stete or country)	asterioselerous V Hyper - 3
ARGIN	supplied n terms, ee instra	13. NAME 6 teristopher allayour	tension
MA I U	e t u	14. BIRTHPLACE (city or town) Calow Bridge	Neme of operation Deta of
-	2 2	(Steta of Country)	What test confirmed diagnosis? Wes there en eulopsy?
-	be carefully EATH in pla important.	15. MAIDEN NAME Javal Carrish 16. BIRTHPLACE (city or town) Cafou Bridge	23. If death was due to extarnel ceuses (VIOL ENCE) fill in elso the following:
Z,	Car	o 16. BIRTHPLACE (city or town) Cafou Orago (Stete or country)	Accident, suicide, or homicide?
AZ.	d be car DEATH r,import	See of country)	(Specify city or town, county and State)
3	DI	17. INFORMANT A Something Strate	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
一一一	Should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
1 1 -	- D	Plece Nag Enclourupete 414, 1933	Nature of injury
WRIT	mation CAUSI TION	19. UNDERTAKER BUSITER I Long	24. Was disease or Injury in any wey releted to occupation of deceased?
0	EOF	(Address) & agentoury und.	If so, specify
S. W.		20. FILED. 3-14-1933 CHASH Bruess.	(Signed) M. D.
> Z	5	Registrar.	(Address) Nagerstown Mo.
1	5	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Regioning U. S. No. 1.

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V. S. No. 1

1			F MARY	YLAND-	CERTIFICATE OF DEATH	3262
	I. PLACE OF DE				(82-d)	A ==
		Washingt	I GUNFUKATA	LIMITO PF	Registration Dist. No. 3	2
	Village or City	Hagersto	wn		No. 303 N. Johnathan Street.	5 Ward
	Length of residence in	city or town where d	leath occurred 50	yrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in the death occ	number) mos. ds.
	. FULL NAME		d Beane			
					t St., 5 Ward.	
	(a) nesidence. No.		(Usual place o	f abode)	If nonresident give city or town an	nd State
_	PERSONAL A	ND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
1		lored	5. SINGLE, MARR OR DIVORCED Sing	(write the word)	21. DATE OF DEATH Narch 15, (Month) (Day)	., 1933
5a.	If married, widowed, or di- HUSBAND of	vorced				(Year)
	(or) WIFE of				22. I HEREBY CERTIFY, That I attended	d deceased from
	DATE OF BIRTH (month, d	lau and unan Co	-+ 05	3000	l last saw h alive on 19	3, 19.2.5
	AGE Years	Months	Days	1867	to have occurred on the date stated above, at 3:30A m.	; death Is said
	65	5	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
7	8. Trade, profession, or	particular		ormin.	were as follows:	Date of onset
TIOI	kind of work done SAWYER, BOOKKI	e, as SPINNER, EEPER, etcW	aiter			192
OCCUPATION	9 Industry or business work was done, as	SILK MILL.			alysis	- Mary
S	10. Date deceased last w	,	11. Total tin	ne (veare)		
0	this occupation (m	onth and	spent	tin this	· · · · · · · · · · · · · · · · · · ·	
12.	BIRTHPLACE (city or town (State or country)) Unkno Virg			Other Contributory Causes of Importance:	" Le
ER	13. NAME -		Beaner			
FATHER	14. BIRTHPLACE (city or (State or country)	town)Unkn			Name of operation Date of	
ER	15. MAIDEN NAME	Lucinda		_	What test confirmed diagnosis?	
MOTHER	16. BIRTHPLACE (city or	town IInlen	own		23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide? Date of injury	-
Σ	(State or country)	,	- 0	a)	Where did injury occur?	, 19
17	INFORMANT (Address)	raf K	eighbi	me)	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	ite) LACE.
18.	BURIAL, CREMATION, OR			10	Manner of injury	
1	Place Hagers.	town, Md	. Date Mar.	11,1933	Nature of injury	
19	UNDERTAKER Fred	W. Krai	SS.		24. Was disease or Injury in any way related to occupation of deceased?	
10.	(Address) Hare	rstown,	Hde. 11		If so, specify	
20.	FILED 3-17-	1933-67	tess/1/	Bowers	(Signed) VIII	M. D.

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Registrar.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

F	Example I	one on the contract of the con	Example II	
The principal cause of de of importance were as follows:	ath and related causes.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	10K 6 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU V.	3.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

should state CORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement H UNFADING INK-THIS IS A PERMANENT stated EXACTL be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.-WRITE PLAINLY,

V. S. No. 1

ż

1. PLACE OF	shington	**		Registration Dist. No. 301	1
Village CE S	Near Wil.	liamspor	(1)	No. St., St., f death occurred in a horpital or institution, give its NAME instead of street and nu	
Length of resi	dence in city or town where			ds. How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL NA	ME Kelle	r Byers	Bell J:	r.	
	ce: No.	Same		St., Ward.	
		(Usual place		If nonresident give city or town and S	ate
PERSON	IAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
. sex mele	4. COLOR OR RACE White	5. SINGLE, MAR OF DIVORCE	RIED, WIDOWED,	21. DATE OF DEATH Mar. 17, 1933	193
HUSBANO of (or) WIFE of	ed, or divorced			22. HEREBY CERTIFY, That I attended de	
DATE OF BIRTH	(month, day, and year)	une /8,	1918	I last saw h alive on; 19, 19;	
· AGE Yea	ars Months	Oays	If LESS than I day,hrs.	to have occurred on the date stated above, at 5.e. Zo m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
14	ession, or particular	28	ormin.		Oate of onset
kind of y	ssion, or particular work done, as SPINNER, , BODKKEEPER, etc	Labor at		while fishing from bost	
kind of SAWYER SAWYER Industry or Work wa SAW Mil		home			
SAW MII		1 T-4-1	the America		
	sed lest worked at pation (month and Mar	16 11. 10tal spe	time (years) ent in this upation		
	ity or town) Kemps	station	, Med.	Other Contributory Causes of importance:	
13. NAME K	eller B. Be	11 Sr.			
14. BIRTHPLACI	E (city or town) Mor	yland		Neme of operation Date of	
(State o	r country)			What test confirmed diegnosis? Was there an au	lopsy?
15. MAIDEN NA		sher		23. If deeth was due to external causes (VIDL ENCE) fill in also the following:	
15. MAIDEN NA	E (city or town)	view Md		Accident, suicide, or homicide? Date of injury	, 19
	r country)		2 0	Where did injury occur?)
17. NFORMANT (Address)	Mr. Kelle Williamspo			(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAI	CE.
	Pauls Cem,	Mod Dete Mar.	20 , 1933	Manner of injury	
19. UNOERTAKER	lbert Le	*f.Willi	msport	24. Was disease or injury in any way related to occupation of deceesed?	1 acts
. 11	N20, 1933 6	A MP.	chard	(Signed) (Address) Multiple (Office Coff)	4/ W

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II .	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy İ	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATI	EMENTS_BY	PHYSICIAN
------------------------------------	-----------	-----------

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.-WRITE PLAINLY,

County	Washing	tere			Registration	Dist. No.
Village or C		ade		No No f death occurred in a hospital or insti		
Length of rasi	dence in city or town w	here death occurred	yrsmos	ds. How long In U.S. if	of foraign birth?	yrsmos
2. FULL NAI	ME Edu	and B	ue mill	<u> </u>		
(a) Residen	ce: No.	(Usual plac	med.	St., Ward.	If nonresident	give city or town and State
PERSON	AL AND STAT	ISTICAL PART	ICULARS	MEDICAL	CERTIFICATE	OF DEATH
male	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	3 (Month)	H 1933
. If marriad, widow HUSBAND of	ad, or divorced					(bay) (teal,
(or) WIFE of	Mrs Ede	and Bu	mille	1 HEREB	Y CERTIF	Y. That I attended dacaasad 1
DATE OF BIRTH	month day and use	Sept. 17	1854	I last saw h. Char. alive on	2 - 1	, 19 3 ; death is
AGE Yea	month, day, and year) rs Month		If LESS than	to have occurred on the data sta	tad above, at	
	78 9	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEA		
8. Trade, profes	sion, or particular		1 01	ware as Tolarys.	nie M	Date of on
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc				1-0	Gle	
					V	
			-			
. BIRTHPLACE (cit		ltimase	md	Other Centributary Causes of Importanca:		
(State or coun	011	0.				
13. NAME	duand	Bumi	elle			
14. BIRTHPLACE (Stata or	(city or town)	Ind.	`			Date of
15. MAIDEN NAI	/4/	,				Was there an autopsy?
-	(city or town)	,		23. If death was due to external conficient, suicide, or homicide?		II in also the following: Date of injury
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Addrass) (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place Ludin Park Deta 3/6 10.32			Whara did injury occur?			
			Specify whether injury-occurred	(Specify city or In INDUSTRY, in HO	town, county and State) ME, or in PUBLIC PLACE.	
			Correlion"	Vile	selves a	
			Manner of Injury		mple	
Place of the	· · · · ·	Data	/ 6 ,1932	Natura of injury		
19. UNDERTAKER Halts J. Grote Oa.				24. Was disaasa or injury in any If so, spacify	way related to occup	ation of daceasad?
1814	11 /99	G. W.S.A		(Signad)	0.122	iclarib.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance?		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. N. B.

STATE OF MARYLAND—CERTIFIC	AIL	OF	DEATH
----------------------------	-----	----	-------

03266

1. PLACE OF DEATH			(23)		
County Washin	gton		Registration Dist. No. 30	, 2	
Village or City Hagerst	WY CORPORA	TE LIMITS OF	No. 116 S. Cannon Ave. st.,	3 Ward	
			death occurred in a hospital or institution, give its NAME instead of street and		
Langth of rasidence in city or town who	era daath occurrad	± V_yrs,mos	ds. How long in U.S. if of foreign birth?yrsm	0sds.	
(a) Residence: No. 116	S. Canno (Usualplac	n Avenue	St., 3 Ward. If nonresident give city or town and	State	
PERSONAL AND STATE	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single			21. DATE OF DEATH March 27, (Month) (Day)	, 193 3 (Year)	
Sa. If marriad, widowed, or divorced HUSBAND of (or) WIFE of			22. JHEREBY CERTIFY, That I attended deceased from 1933, to may 26, 1933		
PATE OF BIRTIP (month day and uses)		1882	I last saw hav alive on man 26 1933	: daeth is said	
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months 50	Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, at 10:15R. M. The PRINCIPAL CAUSE OF DEATH end related causes of importance		
		ormin.	ware as follows:	Date of onset	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Home Wor	r		1//	
9. Industry or business in which	A65-10-0-1	4,	Julmyman	- Warfaman	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc			- July Multi-la	71.153	
10. Date decaased last worked at this occupation (month and	11. Total	time (years)		- J.M-10.4.	
year)		cupation	Dither Contributory Causes of Importance:		
12. BIRTHPLACE (city or town) Funk	stown,			-	
(State or country) Md			Juberculom	3/24/3	
13. NAME Charles E	Bowers		Geritonilis	-	
14. BIRTHPLACE (city or town) Wa.s		County	Name of operation		
(State of country)	Md.	-	What test confirmed diagnosis? The Cycle Was there an	autopsy?	
15. MAIDEN NAME Unkno	nwn		23. If death was due to external causes (VIOLENCE) fill in also the following	g:	
15. MAIDEN NAME Unkno	Ten mann		Accident, suicide, or homicide? Date of injury	, 19	
(State or country)	AIIO WII		Whare did injury occur? (Specify city or town, county and Sta	ie)	
17. INFORMANT Henry Dorn	bergerm.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.	
(Addrass) Hagerstow	in, Md.				
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown,	Md Mon	3033	Manner of Injury		
Place_Itage_SullyIII9	Triff s Date Trait		Traction (II)(II)	-	
19. UNDERTAKER Fred W. K			24. Was disease or injury in any way related to occupation of decaased?	m.	
(Address) Hagerston	n. Md.	-	If so, specify	2	
20, FILED 3- 28-, 19336	Last 10	Journs	(Signad)	M. D.	
		Registrar.	(Addrass) 13 y W Washing	con the	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 8.			
Other contributory causes of importance:	-3 -110	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			121111111111111111111111111111111111111

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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenterius	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis	

should state

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County AVashington	Registration Dist. No. 302
Village or City Q Q C Y S I D W N	No.499 No. Lonathan St. 5 Ward
(1)	If death occurred in a hospital of Institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Malle Drown.	
(a) Residence: No. 40 9. No. Sonathan	St., 5 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	March 1 1933.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
Michard.	1933, to 3/1, 1932
6. DATE OF BIRTH (month, day, and year) \ \(\lambda \lambda \lambda - 1882	I last saw hear alive on 3/1 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dale stated above, at 1/42 77-m.
50 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, \\\ \(\) \	Lugar Preumo NI9 3/27/33
SAWYER, BOOKKEEPER, etc. 17 DUDE WING.	(heft hour loh)
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10 Date deceased last worked at 11, Total time (years)	
this occupation (mogth and year) spent in this occupation 20 475.	
12, BIRTHPLACE (city or town) HOULYSTOWY	Other Contributory Causes of importance:
(State or country) M. C.	
# 13. NAME Pichard Hill	Λ
13. NAME Pichard H. 11 14. BIRTHPLACE (city or town) Williams port	Name of operation Date of
(State of country)	What test confirmed diagnosis? This I was there an autopsy?
15. MAIDEN NAME Churlotte Worsey	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Chur of the Dorsey 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Madel Drown	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Hay a stoum, my	
Place a a le s & bun hid Date My 4 1933	Manner of injury
15.	Nature of injury
19. UNDERTAKER H. M. CUX LYMUN	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hatter Stown, ITTA.	If so, specify that it
20. FILED. 2-3-, 1933 Const	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of importance were a Attack of epilepsy	of death and related causes s follows:	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	The commence of the commence o	I week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			RECEIVED	
Other contributory causes of importance:	May 1,1923	Other contributory ca	uses of importance:	1 year
Turneronco	144g1,1526	Chief verter ten		1 year

V. S. No. 1

Norment

1	STATE OF MARYLAND	CERTIFICATE OF DEATH 63269
1	. PLACE OF DEATH	
	County Washington	Registration Dist. No. 302
	Village or City	No. 1512 Madison Tre St. 2 Ward
	(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
	0 21:14 5 11:15	s. — ds. How long in U.S. if of foreign birth?yrsmosds.
	(a) Residence: No. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of	
	(or) WIFE of	22. I HEREBY CERTIFY. That attended deceased from March 30, 1933, to March 30, 1933
-	DATE OF BIRTH (month, day, and year) March 30-1933	1 30 H.
7	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	8. Trade, profession, or particular	were as follows: Date of one of
NOI	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	
OCCUPATION	9: Industry or business in which work was done as SILK MILL.	Stillbuth
noo	work was done as SILK MILL, SAW MILL, BARK, etc	Sullburch
ō	this occupation (month and spent in this occupation occupation	
12	BIRTHPLACE (city or town) Hanga agra town	Dther Contributory Causes of importance:
12.	(State or country)	
ER.	13. NAME OSCAY H. Bryan.	
FATHER	14. BIRTHPLACE (city or town) 11 Coy nesh mo	Name of operation Date of
-	(State or country)	What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME Olive Elliott	23. If death was due to external causes (VIDLENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Accident, suicide, or homicide? Date of injury, 19
	(State of Country)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17.	(Address)	Specify whether injury occurred in INDUSTRY, in HUME, OF IN PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Relleviour Date mark of, 19 33	Nature of injury
19.	UNDERTAKER A.K. COXX MON	24. Was disease or injury in war related to occupation of deceased?
	(Address) Hagerstown, mi	If so, specify
20.	FILED 3-30-, 1933 Chart Bowers	(Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. V.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.—WRITE PLAINLY, W V. S. No. 1

2. FULL NAME (a) Residence: No. (b) Challplace of Body St. (c) Ward. (b) Disconnection give city or town and State PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE 5. SINCLE, MARKIED, WIDOWED (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Day) (Mont	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Act 1 Driver (H death occurred in a hospital or institution, give its NAME interest of street and number?) Langth of residence in city or town where death occurred A Q. yts	1. PLACE OF DEATH	03270
Village or City Accounts and State and Accounted in a hospital or institution, give in NAME instead of street and number) Langth of residence in city or town where death occurred. A Q. yrs	. County Thashington	Registration Dist. No. 307
Length of residence in city or town where death occurred. 2 J. yrs		No. St Ward
(a) Residence: No. (b) Maria Modera St. (c) Maria Medical Control of St. (c) Maria Medical Control of St. (c) Maria Medical Control of St. (d) Residence: No. (d) Maria Medical Control of St. (d) Maria Medical Control of St. (d) Medical Control of St. (d) Maria Medical Control of Maria Medical Control of St. (d) Maria Medical Control of Maria Medical Control of St. (d) Maria Medical Control of St. (d) Maria Medical Control of St. (d	(If Length of residence in city or town where death occurred 20 yrs. — mos	death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED OR DIVORCED ("write the word) 7. AGE 6. DATE OF BIRTH (month, day, and year) — No. Rec. A. — 18. G. G. William ("year") or min. 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 8. Intrade, protession, or particular wind of work done as SFINNER, SAWYER, BOOKKEPER, etc special in this work, was cocurated in the special of the search of the special of the search of the special in this special in this occupation (month) and year — 19. G. G. State or country) 12. BIRTHPLACE (city or town) 13. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. Intrade, protession, or particular winds at a state of the special of the special in this occupation (month) and year — 19. G.	2. FULL NAME Joseph Bussar	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OWN DIVORCED (Crisic the word) The late of DEATH (Month) 5. LEFE BY CERT I EX. Thet Latended decessed from the word of the profession, or particular. 5. DATE OF BIRTH (month, day, and year) - 10 Reced 1806 7. AGE Years Months Days IT LESS than I day,	(a) Residence: No. 1 Mit. Brie.	St, Ward.
3. SEX 4. COLOR OR RACE OR DIVORCED Course the word) 5. If married, witdowed, or divorced HISSAND or Order to the server of th		
Se. If married, widowed, or divorced OR DIVORCED (write the world) Se. If married, widowed, or divorced Or) wife of Se. DATE OF BIRTH (month, day, and year) — No. Record. — 1866 S. DATE OF BIRTH (month, day, and year) — No. Record. — 1866 T. AGE Years Months Days II LESS than 1 day,		
HUSBAND of Cory WIFE of Cory WI	Male White Married Married	March 13 193 3
6. DATE OF BIRTH (month, day, and year) — No Record. — 866 7. AGE Veers Months Days If LESS than 1 day	HUSBAND of	22 LHERERY CERTIEV That Latterded decreased from
7. AGE Years Months Days If LESS than I day	GOT) WIFE OF Gerties Bussard.	March 10 1953 to March 15 1033
7. AGE Years Months Days II LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as 30 k Mill., BARTHPLACE (city or town) Flance occupation in this occupation (month and year) Flance or country) 12. BIRTHPLACE (city or town) Flance or country) 13. NAME 14. BIRTHPLACE (city or town) Flance or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Flance or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVED Access of mainly occupation of pecessed? 18. BURIAL, CREMATION, OR REMOVED Access of mainly occupation of pecessed? 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Days Particular Months of the Aste stated above, at. Flam. The PINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows: 10. Date of country 11. Total time (years) span in this occupation of pecessed? 12. BIRTHPLACE (city or town) Flam and the period of the Costributory Causes of importance: 13. NAME 14. BIRTHPLACE (city or town) Flam and the period of the country occurred in the date stated above, at. Flam in the were as follows: 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Flam and the period occupation of pecessed? 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVED Access of importance were as follows: 18. BURIAL, CREMATION, OR REMOVED Access of importance and injury. 19. UNDERTAKER (Address)	6. DATE OF BIRTH (month, day, and year) - No Resaid 1866	Hast saw h war alive on March 14 1933 deeth is said
8. Trade, profession, or particular kind of southern services as prinker. SANYER, BOOKEPER, etc. 9. Industry or business in which work were done, as SILK MILL, SAN WILL, BRAKE, etc. 10. Date deceased last worked at this occupation (month) end year) Spent in this occupation (month) end year) (State or country) 12. BIRTHPLACE (city or town) Auricus Fury (State or country) 13. NAME 14. BIRTHPLACE (city or town) Auricus Fury (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVED 18. BURIAL, CREMATION, OR REMOVED 19. UNDERTAKER (Address) 10. Interest and content of the profession of deceased? 11. Total time (years) Spent in this occupation of the profession of deceased? 10. Interest and the profession of the profession of deceased? 10. Interest and the profession of the profession of deceased? 11. Total time (years) Spent in this occupation of the profession of deceased? 12. BIRTHPLACE (city or town) (State or country) 13. MAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVED Place 18. BURIAL, CREMATION, OR REMOVED Place 19. What test confirmed diagnosis? Wes there an aulopsy? Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of	7. AGE Years Months Days If LESS than	IL D
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12. BIRTHPLACE (city or town) Carfaus Terry (State or country) 13. NAME 14. BIRTHPLACE (city or town) Carfaus Terry (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL (REMATION, OR REMOVAL Place Manual Ravial Manual Ravia	10. Date deceased last worked at 11. Total time (years)	1
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Where did injury occur? 17. INFORMANT Mrs. Errocla Holaces (Address) / Leeders with Medical Monte March 1/8, 19.3.3. 18. BURIAL, CREMATION, OR REMOVAL Place Samples March 1/8, 19.3.3. 19. UNDERTAKER Mrs. Society whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury 24. Was disease or Injury is any way related to occupation of deceesed? Mrs. Society If so, specify	15. MAIDEN NAME TWO REGARD	
Where did injury occur? 17. INFORMANT Mrs. Errocla Holaces (Address) / Leeders with Medical Monte March 1/8, 19.3.3. 18. BURIAL, CREMATION, OR REMOVAL Place Samples March 1/8, 19.3.3. 19. UNDERTAKER Mrs. Society whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury 24. Was disease or Injury is any way related to occupation of deceesed? Mrs. Society If so, specify	16. BIRTHPLACE (city or town)	
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Ledysulle Md. Route 18. BURIAL, CREMATION, OR REMOVAL Place Samples Manch 18,19.3.3 19. UNDERTAKER Man	(State or country)	
Place Samples Manch March 1/8,1933. 19. UNDERTAKER 194 Say 24. Was disease or Injury any way related to occupation of decessed? No. 1f so, specify		(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER (1747) Scient V Say 24. Was disease or Injury is any way related to occupation of deceesed? No. (Address) If so, specify	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
(Address) Booustone If so, specify Lebane	Place Damples 11 anome 11 archi18, 1933.	Nature of injury
		41.111.1
20. FILED March 17., 1933 Conno J. Marin Em (Signed) (Signed) M. C. (Address) (Address) M. C. (Address)		(Signed) M. D.
If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
SESSED A SES	DA ZACAZ	Y OIL	T CIGITATIO	DIZELAMENTALLE	47 4	T TT T DY CYTYTA

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA--WRITE PLAINLY, VOIR UNFADING INK-THIS IS A PERMANENT mation should be caretrally supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, V mation should be carel CAUSE OF DEATH in TION is very important

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93271
county Mashington	Registration Dist. No. 302
Village or City Va along town.	ND. 136 Broadway St. 4 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign bifty?
\a \\	Total foliation of the
	- // w
(a) Residence: No. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH TOUY Chiz (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MONICE VVESY hayren.	22. I HEREBY CERTIFY. Thet I attended deceased from March 8, 1933, to March 12, 1933
6. DATE OF BIRTH (month, day, and year) 2000 4 4 865 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and a contraction (month and a contraction).	Myocardial Degeneration 1933
10 Date decessed last worked at this occupation month and year) year) 11. Total time (yeers) spent In this your ys.	J
12. BIRTHPLACE (city or town) Shippensburg (State or country) 13. NAME CONTACT CLEVEY	Other Contributory Causes of importance: Beneralizes arterisacleroses ?
13. NAME CONTACT CLEVEY 14. BIRTHPLACE (city or town) Sh. Prens burg (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TO A Y High ander 16. BIRTHPLACE (city or town) Shippens Burg (State or country) 17. INFORMANT TO Nie Claver (Address) * A a a cystown, md.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL CREMATION, OR REMOVAL PRODEN: PROMES DUNG Par. Date MUX 17 , 19.3,3	Manner of injury
19. UNDERTAKER HK-COLY man (Address) Hay NStown, md	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 3-13- 1933-6 Koeff Journal Registrar.	(Signed) (Address) Majerstown Md,
15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis '	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

03272

1. PLACE OF DEATH	(200-9)
County Washington	Registration Dist. No. 302
Village or City Harrens Lown	No. 309 W. Franklin St. st 5 ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Doris Loraine Custe:	
(a) Residence: No. 309 W. Franklin Stro	etst., 🔊 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 2
Female White OR DIVORCED (write the word) Single	3 7 1933
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
26 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Mar 8 1033, to Mar 9 , 1933
6. DATE OF BIRTH (month, day, and year) March 8 / 1933.	I last saw h. Sa alive on _ Marl 9, 33, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc Infant Child	4 1 1 1 2 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Infant Child Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc It Date deceased last worked at this coverage on the control of the coverage of the	Cause weekenoon
SAW MILL, BANK, etc	I age (day)
and occupation (month and	Physician unable to determine couse
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Hagerstown, (State or country) Md.	of death no further information.
13. NAME Robert Snapp 14. BIRTHPLACE (city or town) Sharpsburg,	
[4. BIRTHPLACE (city or town) Sharpsburg, (State or country) Md.	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
T	23. If death was due to external causes (VIOLENCE) fill in also the following:
[6. BIRTIIPLACE (city or town) Darksville, (State or country) W. Va.	Accident, suicide, or homicide?
17. INFORMANT Odell Custer.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hagerstown, Md.	- The state of the
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Gerardstown, W. D. Mar. 11,19 3	Nature of injury
19. UNDERTAKER Fred W. Kraiss,	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hagerstown, Md.	If so, specify
20. FILED 3-11- 1933 plant Boward	(Signed) // No Care por 6 M. D.
Registrar.	(Address) Hagerslown Mg.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURRAU V	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

for outlevely to cleany date of both see	
South Certificate.	
With Christale.	

certificate.

See instructions on back of

TION is very important.

V. S. No. 1

1. PLACE OF	DEATH			95-6	9	2 /
	shington				Registration Dist. No.: 24) (
Village or City	Near Kemp	s static	on	NoNo	St.,_	Ward
	nce in city or town where de	,	(If		tion, give its NAME instead of street ar of foreign birth?yrs	
2. FILL NAM	E Daniel	W. Dev	s			
(a) Residence	0		T	St., Ward.		
(a) Residence	: NO.	(Usual place o	f abode)	St,walu,	If nonresident give city or town a	nd State
PERSONA	L AND STATISTIC	CAL PARTIC	CULARS	MEDICAL C	ERTIFICATE OF DEATH	
3. SEX	color or race white	5. SINGLE, MARR OR DIVORCED SINGL	(write the word)	21. DATE OF DEATH	Mer. 4. 1933	, 193
		TINGI	,		(Month) (Day)	(Year)
5a. If married, widowed, HUSBAND of (or) WIFE of	none			22. I HEREBY	CERTIFY, That I attend	ed deceased from
(OI) WIFE OI	1101119				, 19, to	, 19
6. DATE OF BIRTH (mg	onth, day, and year) no	t known		I last saw h alive on	, 19	; death Is said
7. AGE about Years	Months	Days	If LESS than	to have occurred on the date state	ed above, at not Known	
38	XX	x	1 day,hrs.		TH and related causes of importance	1
8 Trade profession					ses, Propebly	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Form leborer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Gen Forming SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month Merc. 3 spent in this securation work).			orer		e for which he	
				had been tre		
10. Date deceased this occupat year)	last worked at tion (month Mer. 3	11. Total tir spen occu	ne (years) t in this 1 yr pation	Found dead in		
12. BIRTHPLACE (city of (State or country)	or town) Maryla	nd				
13. NAME RAT	njemin De	vis				
I	city or town) Maryl			Name of operation	Date o	[
(State or co					Was there a	
15. MAIDEN NAME	Mary Ell	fott		23. If death was due to external car	uses (VIOLENCE) fill in also the follow	ving:
15. MAIDEN NAME Nory Elliott 16. BIRTHPLACE (city or town) Moryland (State or country)			Accident, suicide, or homicide?	Date of injury		
≥ (State or co				Where did injury occur?	(Specify city or town, county and	
17. INFORMANT (Address)	Geroge Da	vis Md		Specify whether injury occurred i	n INDUSTRY, in HOME, or in PUBLIC	PLACE,
18. BURIAL, CREMATIO	, //h.	di		Manner of injury		
Oteterbien Cem Date Mer. 7 1933			Nature of injury			
	bert Leaf			24. Was disease or injury in any v	way related to occupation of deceased?	
19. UNDERTAKER	dilliam spor	t Md		If so, specify		0
20. FILED MON	4 1933 6.6.	Rucke	ad	(Signed) S. M. Ma		eace)m.o

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	RY	PHYSICIAN
MINIMATORALI	SI ACE TO	e L Oler HITTIE	D Y LY Y YNIN YNIN Y PO	DI	THEFT

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	1	64		1
U	6)	6	0	4

1. PLACE O	F DEATH			(9)		9
County Washington Village or City Hagerstown (If			Registr	ration Dist. No	302	
			ND. 61 Madison Avenue St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. 7 ds. How long in U.S. If of foreign birth? yrs. mos. ds.			
Length of res	idence in city or town where	death occurred	yrsmos.	ds. How long in U.S. If of foreign bir	th?yrs	mosos
2. FULL NA	ME Beula	ah L. Dr				
(a) Reside	nce: No. 61 Ma	adison A		St., 2 Ward.	resident give city or tow	vn and State
PERSO	NAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFIC	CATE OF DEAT	тн
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARI OR DIYORCE! Sing.	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	rch 22,	, 193 3 • (Year)
5a. If married, wido HUSBAND of (or) WIFE of	5a. If married, widowed, or divorced HUSBAND of			22. J HEREBY CERTIFY, That I attended deceased fro		
7. AGE Ye	(month, day, and year) ars Months O 2 ession, or particular work done, es SPINNER, R, BOOKKEEPER, etc	Jan. 15, Days 7	1933 • If LESS than 1 day,hrs. ormin.	I last saw h alive on to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH end relat were as follows:	1:00P m.	9; death Is sai
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) Hagerstown (State or country) Md •			Other Contributory Causes of Importance:			
™ 13. NAME	Nelson Drug	ry				
13. NAME	E (city or town) Hage	erstown		Name of operation	Da	te of
(State)	or country) MC	i.		What test confirmed diagnosis?	Was the	ere en autopsy?
15. MAIDEN N	AME Eva Dri	ıry		23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town) Hagerstown, (Stete or country) Md.			Accident, suicide, or homicide? Date of Injury, 19			
	Hagerstown.	Md.		opecity whether injury occurred in interest.		
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Date Mar. 23, 19.33			Manner of injury			
19. UNDERTAKER - (Address)	Fred W. Hagerstov		Bouresto	24. Was disease or injury in any way related if se, specify (Signed)	to occupation of deceas	sed?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

SIAIL	OF MARYLAND-	CERTIFICATE OF DEATH	62984	
1. PLACE OF DEATH			00401	
County Wash	un close	Registration Dist. No.	302	
// 1217	FIN CONTORATE LIMITS OF			
Village or City	en www	ND. 422 mutched and s If death occurred in a horpital or institution, give its NAME instead of street	St., Ward	
Length of residence In city or town where			mosds.	
2. FULL NAME	- see Child	1 Jonquin B. Evans,		
(a) Residence: No. 422	1. //	7		
(a) Residence: ND. 27 2	(Usual place of abode)	St., Ward.	wn and State	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA		
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
+ m	OR DIVORCED (write the word)	man 28	. 193.3	
5a. If married, widowed or divorced		(Month) (Day)	(Yeer)	
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I att	ended deceased from	
		, 19, to		
6. DATE OF BIRTH (month, day, and year)	m42833	I last saw h elive on		
7. AGE Years Months	Deys If LESS than	to heve occurred on the date stated above, atm.		
Premale 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	e	
8. Trade, profession, or particular	ormin,	were es follows:	Date of onset	
bind of week done as CDINNED		260-		
9. Industry or business in which	•	Le		
SAWYER, BDDKKEEPER, etc				
10 Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	CL		
year)	occupation			
12. BIRTHPLACE (city or town) / Lugers Lower my		Other Contributory Causes of Importance:		
(State or country)		1		
13. NAME hol-gr	·ci			
14. BIRTHPLACE (city or town)(State or country)			te of	
	B Evans	What test confirmed diagnosis? Wes the		
10. MAINE DE CALL	10 wans	23. If death was due to external causes (VIOLENCE) fill in also the fol		
15. MAIDEN NAME or cure a 16. BIRTHPLACE (city or town). // (State or country)	antown	Accident, suicide, or homicide?		
(State or country)	ma			
17. INFORMANT lungung	B Enaus			
(Address)				
18. BURIAL, CREMATION, DR REMOVAL	no March 28	Manner of Injury		
Place sy	Date Man Ch , 19 3 3	Nature of injury		
9. UNDERTAKER ME Ema	us	24. Was disease or injury In any way related to occupation of decease	rd?	
(Address)	1	If so, specify		
20. FILED 3/29/ 1933-6/	ealt Bowers	(Signed) Mi 41 Avrilon	M. D.	
1/1/	Registrar.	(Address) (tapenton	u full	
If more	blanks are needed, address State Registrar.	2411 N Charles Street Baltimore Requestions 71 S No v	7	

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	V
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Kentesting

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BUREAU V.S.			d	
Other contributory causes of importance:	-	Other contributory causes of importance:	Fine	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ry item of infor-NS should state nt of OCCUPA-MARGIN RESERVED FOR BINDING V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	U32.1
county Washington	Registration Dist. No. 305
Village or City Beaver Creek	No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Levis At coase of a	V +
(a) Residence: No. 1 Laura (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 700
Male White Consound	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Lucy 2 olts	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) 20-1857	I lest saw have alive on Character 26 1933; death is said
7. AGE Years Months Days II LESS than	to heve occurred on the date stated above, etm.
76 1 29 1 day,hrs.	were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Voolepis Herriflegra, 1283
9. Industry or business in which work was done, es SILK MILL,	
SAW MILL, BANK, etc	-
this occupation (month end year) spant in this occupation file	4
12. BIRTHPLACE (city or town) Beau Creek	Other Contributory Causes of Importance:
(State or country) Wash. Co. Md.	Mhusion
II 13. NAME Henry Jolta.	
13. NAME Henry Oltz. 14. BIRTHPLACE (city or town) Beaud Creek	Name of operation Dete of
. (State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Durney	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) The augmestors	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lana Jolly	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / 3 search (reck Md.)	
Place Beaver Cruck Date Opint-1- 19.33	Menner of injury
70m 2 B Lt "	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in eny way related to occupation of deceased?
Marchael To Mi all	(Signed) MORIFACIONES M.D.
20. FILEOV CATCHES 1, 1933 () Cleans I ac	(Address) Smelles berry
16 H. J	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis 50	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT

TOTAL OF THEFT	should sta	of OCCUP.	1
C	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP.	
	ACTLY	assified. E	
	stated EX	properly cl.	certificate.
CHARLE ASSAULT	GE should be	hat it may be	ns on back of
TAL CALL LAD AND	supplied. A	in terms, so t	See instruction
6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ild be carefully	DEATTH in pla	TION is very important. See instructions on back of certificate.
	mation shor	CAUSE OF	TION is ver

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-0
county (Dashington	Registration Dist, No. 305
Village or City Bearde Creek	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ————ds. How long In U.S. il of foreign birth?————yrs————mos.———ds.
N M 04	
2. FULL NAME Lucy of olla	a. W.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale Colute Married.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND o1	22.
(or) WIFE of Lewis H. Folts.	Man 25 1933 to Mar 26 1933
6. DATE OF BIRTH (month, day, and year) To 10. 0. 574-19/67	I last saw he alive on Man 20 1983; death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated ebove, at 6-2-09-m.
65 3 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trade, prolession, or particular kind ol work done, as SPINNER, 7/	Date of onset
SAWYER, BOOKKEEPER, etc. Houseunge	Boonelis Commany 22/23
work was done, es SILK MILL, Stan Home	
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 10. Date deceased lest worked at this occupation (month and spant in this form).	
year) - March 15+933 occupation afe-	Other Contributory Causes ol importance:
12. BIRTHPLACE (city or town) 70. Kesond	Other Contributory Causes of Importance,
(State or country) , (
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an eu opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
· 71 7 0+	(Specify city or town, county and State)
17. INFORMANT (Address) Saith Rate 2	Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place/Dearn Creek J Date / Jarule 29., 1923	Nature ol injury
19. UNDERTAKER Dry Bost & Son	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Boundary Told,	If so, specify
20. FILED March 29, 1933 Thelian J. Back	(Signed) M, D,
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year
	1		

MARGIN

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Example I The principal cause of death and related causes of importance were as follows:		-	Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	APD 8 1899	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nep	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V 8	July 5, 1927	Peritonitis	3 days ago	
Other contributory	causes of importance:	1	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	----------	---------	------------	----	-----------

SCORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTL H UNFADING INK-THIS IS A PERMANENT CAUSE OF UEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY,

1. PLACE OF DEATH	(1:12)	20
County Washington	Registration Dist. No. 3	00
Village or City St Names	NoSt.,	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	
010,	now long in 0.5. a of foreign distaryrs,mos,	as.
2. FULL NAME Catherine M. 7 N	iend	
(a) Residence: No. (Vival place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	TOTAL STREET
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Tulita	21. DATE OF DEATH THE 29 1933 (Yes	ŝr)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this organization (month and the propagation (mont	22. I HEREBY CERTIFY, That I attended deceased 14, 1938, to 1920, 1920; death I to heve occurred on the dete stated above, at 1000 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of	I from
10. Date deceased last worked et this occupation (month and yeer) — Parket — 1933 12. BIRTHPLACE (city or town) — Parket — 13. NAME 13. NAME — Bleekek 14. BIRTHPLACE/city or town) — Boundary	Other Coatributory Causes of importance:	30
14. BIRTHP (ACE (city or town) Doveston	Neme of operation Dete of	
1 (State of country) (Dayle, Co. Ind.	What test confirmed diagnosis? Was there an au'opsy?_	ממי
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date 17. Date Place Date Dat	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
19. UNDERTAKER (Address) 20. FILED MAN. 31., 1933 Aff more blanks are needed, address State Resistrar.	24. Was diseese or injury In any way related to occupation of deceased? 10 If so, specify (Signed) (Address) 10 (Address) 10 (Address) 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	MD.

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te of onset	Mb - weighted source of doath and related source	
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
ly 5,1927	Peritonitis	3 days ago
ay 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1921 ly 5 ,1927	1915 Attack of epilepsy 1921 Run over by street car ly 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH

03281

1. PLACE OF DEATH		(95-5)	
county Washing to	M	Registration Dist. No. 3C	2
Village or City	BATH LIMITS SF	No. 121 Enorth SI st.	4- Ward
Amage of one	<u> </u>	f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death occu	irred 2 6 yrsmo:	sds. How long In U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Franklin	1 5. Gal	oriel	
(a) Residence: No. 121 = .Y	107 H	St., 4 Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL I	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	LE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	DIVORCED (write the word)	mard 26	, 193 3
5a. If married, widowed, or divorced HUSBAND of		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		22. 1 HEREBY CERTIFY, That I attended	deceased from
11101112	37.1007	Guly 1 132 to Thank 26	19.3-3
6. DATE OF BIRTH (month, day, and year)	2/1/006	last saw hely alive on 3/26 1933	.; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	
16 4 0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER,		arteno Science Carolio l'ascular	Lovenil year
SAWYER, BOOKKEEPER, etc.	mex	Direase with myourshind failure	ago
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	(ival)		
SAW MILL, BANK, etc	1. Total tima (years)		
this occupation (month and yaar)	spent in this		-
0.	0	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town) Clery (State or country)	3		
	1 · 1	7	
13. NAME W: 11 am 5a	briel.	Ams	
13. NAME V: \\ a \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3	Name of oparation Date of	
(Stata or country)	1 0	What test confirmed diagnosis? All White Was there an a	autopsy? ///
15. MAIDEN NAME Y QUELY WO	lgomoth	23. If death was due to external causes (VIOL ENCE) fill in also the following	ξ :
o 16. BIRTHPLACE (city or town) Leave 10	24	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	ITTA	Whera did injury occur? (Specify city or town, county and State	(a)
17. INFORMANT Hay Joy K 50 (Addrass)	moles	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place ECLY LOSS MIN Date.	11/01/28 1033	Nature of injury	
19 UNDERTAKER T-TK. COXYMO	2.4	24. Was disease or injury in any way related to occupation of deceased?	11
(Address)	wn-md	If so, specify	
3-11-32 /04	Maria	(Signed) I Musely	M. D.
20. FILED 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Registrar.	(Address) // Sill lackly !!	

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

1. PLACE OF DEATH	
County Washington	Registration Dist. No. 30 2
Village or City Maguatown	No. Wash. a. Washilal St. 3 Ward
Village bi oity 12 to go to a tree	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residanca in city or town where daath occurred7yrs	mosds. How long in U.S. If of foraign birth?yrsmosds.
2. FULL NAME Elizabeth a. You	saard
(a) Residence: No. 441 Clarendan (Usual place of abode)	And. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDO	
Som ale who to OR DIVORCE (write the	1930
ba. If marriad, widowad, or divorcad	(Month) (Dey) (Year)
HUSBAND OF Jermiah Yassard	22. I HEREBY CERTIFY, That I attended deceased from March 31, 19 33, to Munch 31, 19 33
6. DATE OF BIRTH (month, day, and year) Sec. 8 186	I last saw h. M. alive on
7. AGE Yaars Months Deys If LES	
7/ 3 23 1day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	min. Date of oneat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Canonam Thumborris madis
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	
- I a consoccobation (month and a Spent in fills	
year) occupation	Other Contributary Canses of importance;
12. BIRTHPLACE (city or town) Laguatum	
(State or country)	
13. NAME Ly Wassen	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Yumanny	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME angelian Bosin	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Nagystown	Accidant, suicide, or homicide? Date of Injury19
E (State or country)	Where did injury occur?
17, INFORMANT Miss. Margeni, B. Ernst	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Rage stown ma	
18. BURIAL CREMATION, OR REMOVAL	Mennar of Injury
Place Cognillar 110 , Date Low 2,	193.5 Nature of injury
19. UNDERTAKER SCOTH 7. Minnigh USA	24. Was disease or Injury in any wey related to occupation of deceased?
(Addiess) Hagustown ma	If so, spacily
11-1- 33/2/1stto Sour	(Signed) trellewer & mills M.D.
20. FILED 1900 Property Res	istrar. (Addrass) Jhys ha mel

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

of OCCUPA-

		STATE O	F MARYLAND—	CERTIFICATE	OF DE	ATH	03283
1	. PLACE OF	F- DEATH				2	1
		eshington			Registrati	on Dist. No.	0/
	Village er	Williamspo		death occurred in a horpital or institu	orpora	AME instead of street &	Ward
	Length of resi	dence in city or town where de	1118	ds. How long in U.S, if o			
.2	. FULL NA	ME Catherine					
	(a) Residen	ce: No. Se	(Usual place of abode)	St., Ward.	If nonresid	dent give city or town	and State
	PERSON	IAL AND STATISTIC	CAL PARTICULARS	MEDICAL C		TE OF DEAT	
	sex - female		S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH	Mar.	1, 1933	, 193(Year)
_	If married, widow						ded described from
	HUSBAND of (or) WIFE of	Semuel Grub	er	1 7		FY, That I atten	
	DATE OF BIRTH	(month, day, and year)	lov. 4. 1844	I last saw h	man 1	, 19.	3 3; death is sald
_	AGE Yea	(money) and joury	Days If LESS than	to have occurred on the date state	ed above, at6	.30 PM	
	88	3	25 1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related	causes of Importance	Date ol onset
z	8. Trade, profe	ession, or particular work done, as SPINNER,	lousework	A	A. (2	2/2/
OCCUPATION	SAWYER	, BOOKKEEPER, etcbusiness in which		Myseaus	les.	Muene	10/33
:UP/	work wa	is done, as SILK MILL,	home			~~~~~~~~~	
000	10. Date deceas	sed last worked at upation (month and 1930	11. Total time (years) spent in this life occupation				
12	. BIRTHPLACE (ci	chamber Chamber	reburg Pa	Other Contributory Causes of imp	ortance:	0	
14	(State or cou			Justs, Tuas	tune	Pt. hat	3/20/33
ER	13. NAME	scob Brubske	r	/ / V		(/	
FATHER		E (city or town) Penn		Name of operation		Date	
-		r country)		What test confirmed diagnosis?		Was there	
MOTHER	15. MAIDEN NA			23. If death was due to external ca Accident, suicide, or homicide?			
MO		E (city or town) Per	1119	Where did injury occur?	4 hon	1	/
17	. INFORMANT	Mrs Richard		Specify whether injury occurred	(Specify ci	ty or town, county and	d State) C PLACE.
10	(Address)	Williams	port Md	Manner of injury Fell	and -	1 Teal	
10		monite Cemel	1/6d.	Nature of injury Luce	luce (4	asht I'Y	Pt- high
		Albert Leaf)	24. Was disease or injury in any	way related to	occupation of deceased	1000
19	9. UNOERTAKER (Address)/	William!	port Md	If so, specify	7	· · · · · · · · · · · · · · · · · · ·	/
21	o. FILED Male	W4, 1933 6, 3	6. Rickard	(Signed)	llen	assue C	m. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.B	300			
Other contributory causes of importance:		Other contributory causes of importance:	. 34	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	DDITIONAL	AL SPACE FO	R FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where deeth How long in U.S. if of foreign hirth? ement (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED. 21. DATE OF DEATHY OR DIVORCED (write the word) (Month) (Dey) (Yeer) BINDING assified. Se. If married, widowed, or divorced That I mttended deceased from 5 6. DATE OF BIRTH (month, dev. end veer) 7. AGE Years Months Devs If LESS than to have occurred on the dete stated above et 1 dev....hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance 0 or____min. were es follows: Oate of onset 8. Trede, profession, or perticuler NO kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc. may CUPAT 9. Industry or business in which pluods work wes done, es SILK MILL. SAW MILL, BANK, etc O. Oeto deceased lest worked et 11. Total time (years) this occupation (month and spent in this that occupation _____ 12. BIRTHPLACE (city or town) (State or country) supplied. terms, HER See 14. BIRTHPLACE (city or town) Neme of operation. ain (State or country) What test confirmed diegnosis?_ ----- Wes there en eulopsy?. 15. MAIOEN NAME 16. BIRTHPLACE (city or town) DEATH (Stete or country Where did injury occur?____ pe (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT _ pluods OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injur CAUSE mation Nature of injury LION 24. Wes disease or Injury in any wey releted to occupetion of deceesed? 19. UNOERTAKER If so, specify 20 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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MARGIN

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Example I			Example II				
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis		1921	Run over by street car	1 week ago			
Cerebral hemorrhage	ARR G 1933	July 5,1927	Peritonitis	3 days ago			
	BUREAU V.S.						
Other contributory	causes of importance:		Other contributory causes of importance:				
Gallstones		May 1,1923	Gastroenteritis	1 year			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	03285
County Washington	Registration Dist. No. 302
Village or City Waren Lorens	No. 828 D Patomac St 3 Warr
(1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Child of Lu Pa L	laruson
(a) Residence: No. 828 D. Patermacs	St.,
	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (water the word)	March 1 193 3
The If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFIX. That I attended deceased from
044 / 1010	Yhar (,,1933, to Than 1,1983
	I last saw h; death is said
mental Days II E200 thun	to have occurred on the date stated above, atm.
ormln.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	two love
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and	
year) occupation	
12. BIRTHPLACE (city or town) Lagustown	Other Contributory Causes of Importance:
(State or country) Mrd	
13. NAME Lei R. Karrison	
14. BIRTHPLACE (city or town). Wagnatur	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
I 15. MAIDEN NAME Jakaga Wallman	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Snikogun	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT /M. Lee /L. Davison	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Plackageratown Md Date March 1,033	Manner of Injury
Le vi Mi Il.	Nature of injury
19. UNDERTAKER LEST, T. Munuel dath	24. Was disease or injury in any way related to occupation of deceased?
21/2 /2 /2 /2	If so, specify
20. FILED 1983 plant 1980 Projects	(Signed) (Address) Here less than the less t
AL P	Lather Courses Street, Ballimore, Mequesting °C. S. No. 1.
	1. PLACE OF DEATH County Washington Village or City Washington Village or City Washington Use of the County Washington Use of the County Washington 2. FULL NAME (a) Residence: No. 2.8. S. Patawae (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR ARCE S. SINGLE, MARRIED, WIDOWED, ORDIVORCED Counter the word) S. It married, widowed, or divorced (Or) WIFE of 6. DATE OF BIRTH (month, day, and year) Months B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPR, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEPPR, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEPPR, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 10. FILED Registra. If more blanks are needed, address State Registray, Registran. If more blanks are needed, address State Registray.

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Chronic interstitial nephritis		1921	Run over by street car	1 week age		
Cerebral hemorrhage	TURNAU V. E.	July 5, 1927	Peritonitis	3 days ago		
	L					
Other contributory c	auses of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

meeney.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03286
1. PLACE OF DEATH	GED.
MI. V.	307
County 1105 NING 10M	Registration Dist. No. 30 Z
Village or City X Q Q 2 7 3 7 0 0 V	No. to Potomuc St., Ward
Length of residence In oity or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
2. FULL NAME Maymond B. Host	(eller
(a) Residence: No. 208 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e st., 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	(month) (bay) (leat)
HUSBAND OF Jane	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sunt 10- 1881	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, atm.
5/ 3- 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, The chanic.	Matural Cursos -
Industry or husiness in which	Stewed Search Com
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation 2 0 4 1 5	
Hannyey	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
T 13. NAME) (100) 100 510 (100)	
13. NAME Sacob Hoste Mex 14. BIRTHPLACE (city or town) Ham Delevi	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME EVa Fisher.	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) - C n O YEV	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
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(Address) + ages ys your mad	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hagerloury Md Date 3-4-, 1933	Nature of injury
HK COVVIDACIV	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER TIME AND A STOCKED TO THE CONTROL OF	If so, specify o
3-2-23 /- Year H	
20. FILED 3 , 19 2 2 10 100 17 18 000 11 11	(Signed) for facility M. D.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

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BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF 1000 should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Every PHYSICIANS ____ds. How long in U.S. it of foreign birth?.. statement (a) Residence: No. Ward If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 4 COLOR OR 5. SINGLE, MARRIED, WIDOWED. (Month) (Oay) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. That I attended deceased from (or) WIFE of 6. OATE OF BIRTH (month, day, and year) 7. AGE If LESS than proper Years Days Months 1 day. min Date of onset 8. Trada, profession, or particular TION kind of work done, as SPINNER. MARGIN RESERVED 30 SAWYER, BOOKKEEPER, etc. should may back 9. Industry or business in which OCCUPA work was done, as SILK MILL SAW MILL, BANK, etc._____ Data daceased last worked a 11. Total time (years) this occupation (month and spent in this that occupation year) _ 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME plain (State or country) What lest confirmed diagnosis?_ Was there an autopsy?____ carefull HER 23. If death was due to external causes (VIOLENCE) fill in also the following: portant in MOT (Stata or country) Where did Injury occur? ___. (Specify city or town, county and State) DE Specify whether Injory occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. plnous OF 18. BURIAL. Mannar of injury CAUSE mation Nature of injury LION 24. Was disease or Injury in any 19. UNDERTAKER (Address) If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	APR & trice	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephra	ilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREATT	July 5,1927	Peritonitis	3 days ago	
	-	-			
Other contributory cau	ses of importance:		Other contributory causes of importance:	112	
Gallstones		May 1,1923	Gastroenteritis	1 year	
		1			

Date of onset

	Kegistrar.	(Address) - Over Conf.
If more blank	ks are needed, address State Registrar, 2411 N. (Charles Street, Baltimore, Requesting V. S. No.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		GRAMOS	
Other contributory causes of importance:		Other contributory causes of importance:	135
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		
			1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	3290
1. PLACE OF DEATH	92:00	7
county Washington	Registration Dist. No. 130	X
Village or City Hagerstown	No. 331 So hocust St., death occurred in a hospital or institution, give its NAME instead of street and	Ward Ward
Length of residence in eity or town where death occurredyrsmos.		
2. FULL NAME Talph C. Kane	_4	
(a) Residence: No. 3311 So Locust	St., 3 Ward.	
(Usual place of abode)	If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Male Yyh. Ye OR DIVORCED (write the word)	Month) (Day)	, 1933 (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. JHEREBY CERTIFY, Thet lattended	deensed from
(or) WIFE of Gerrade	april 2, 1932 to March 19	F 19.33
6. DATE OF BIRTH (month, day, and year Sesal. 2- 1879	1 Mast saw hein alive on march 6 ,19 33	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. S. H. e.m.	
53 6 17. day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	I Data days
8. Trade, profession, or particular kind of work done, as SPINNER,	ante dusuffing	4-2-32
SAWYER, BOOKKEEPER, etc. Q. Y. De Y. A. C. V.	miled dunffund	4-2-32
work was done, as SILK MILL, SAW MILL, BANK, etc.	Coloros China	4-2-32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jet 10. Date deceesed last worked at this occupation (month and year) 10. Date deceesed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		-
12. BIRTHPLACE (city or town) TOCYCEY2 buyg	Other Contributory Causes of importance:	
(State or country)		
II 13. NAME Levi Hane		
13. NAME Levi Pane 14. BIRTHPLACE (city or town) Fayett ville	Name of operation Date of	
(State of country)	Whet test confirmed diagnosis? Was there en	eutopsy?
15. MAIDEN NAME/ 1 ary Mock welle	23. If death was due to external causes (VIOL ENCE) fill in elso the following	g:
15. MAIDEN NAME TOTAL POCK WELL &	Accident, suicide, or homicide? Date of injury	,19
(State or country)	Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANTITYS Ralph C. Kane (Address) Haderstown md	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury	
Platunks Youn Date MZ1. 1933	Nature of injury	
19. UNDERTAKER A. M. Coxxx may (Address) Layerstown, mil	24. Was disease or injury in any way related to occupation of deceased? If so, specify they repeated.	18 55
20. FILED 3-2/-, 1933 6 host Bowers	(Signed) W. Jonas Jacobs (Address) Hogher Ind.	M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimary Requesting T) S. No. 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and rel of importance were as follows:	ated causes Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			ORM
Other contributory causes of importance:		Other contributory causes of importa	nce:
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N)	N B WEITER PLAINLY. THE UNFADING INK THIS IS A PERMANENT ECORD. Every item of	motion should be carefully sunnlied. AGE should be stated EXACTL PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	1
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STATE OF MARYLAND— 1. PLACE OF DEATH County Washington Village or City Washington Co Hospital Length of residence in city or town where death occurred yrs	No. St., 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)		
2. FULL NAME David C . Kershner (a) Residence: No. Near Hagerstown Md (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Merried	21. DATE OF DEATH Nor. 30. 1933 (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura E. Trout	22. I HEREBY CERTIFY, That I attanded deceased from 24, 1933, to Mar 30, 1933		
6. DATE OF BIRTH (month, day, and year) NOV • 3 • 1881 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at		
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and Mar. 20 spant in this year) 12. BIRTHPLACE (city or town) Falling Waters W. Va. (State or country)	Other Contributory Causes of importance: Bosteriemia 3/28,		
13. NAME Cyrus Kershner 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation. Clucision for discussion of 3/28/3. What test confirmed diagnosis? Blood Cullus Was there an eulopsy? 22		
15. MAIOEN NAME Sarah Britner 16. BIRTHPLACE (city or town) Penna. (State or country) 17. INFORMANT Cyrus Kershner Jr.	23. If daath was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?		
(Address) Helfwey Md 18. BURIAL, CRIMATION DR REMOVAL Corect Lawn Com- Oate Apr. 3, 1873	Manner of injury		
19. UNOERTAKER Albert Leaf (Address) Williamsport Md 20. FILEO - 1933 Phase Horses Registrar.	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) A. S. Porterfield M. (Address) 136 W. Washington &		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	KANY & 1609	July 5,1927	Peritonitis	3 days ago
	BUREAU V S			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones .		May 1,1923	Gastroenteritis	1 year
				1

ECORD. Every item of inforshould state of OCCUPA-PHYSICIANS Exact statement stated EXACTL H UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING AGE should be mation should be carefully supplied. N. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03292
1. PLACE OF DEATH	(B)
county XX ashing You	Registration Dist. No 302
Village or City Hay ays Young	No. 1908 Vargunia Cal St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a sopplar of insulation, give its IMAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ENQ S. Meyser	
(a) Residence: No. 1908 Vixainia Hve-	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH Murch 11 ,193, (Month) (Day) (Year)
HUSBAND of William S'	22. THEREBY CERTIFY, That I attended deceased from 751/9, 1933, to 7 mm 1/19
6. DATE OF BIRTH (month, day, and year) Dec 4-1874	I last saw h. L. alive on 2 mais // 19.3 & ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
5-8 3 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, A DUSEW WY	Odio Groupos
AWYER, BOOKKEEPER, etc. TDUSEWWYL	balwerky fruit
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Tuible
Notes that some same of the sa	<u></u>
12. BIRTHPLACE (city or town) Hagers You, D	Other Contributory Causes of importance:
(State or country)	Chronic meerlas -
13. NAME Chay les Stouyer 14. BIRTHPLACE (city or town) thank sylvery	nephrhi
Z 14. BIRTHPLACE (city or town) tag of ex 570 um	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SUSAN E. BILYLY. 16. BIRTHPLACE (city or town) LUNKS Young	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) tunks town	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT J. Chard. Slow Yer (Address) Tagers Young You	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Manner of injury
Place Pula VI 10 Mulate Mun 14 , 1933	Nature of injury
19. UNDERTAKER FITTI OUT MAN (Address) HA Q Q ISK OWN M	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3-13-, 1933 6 Mart 13 Registras.	(Signed) A. granton M. D. (Address) Hulestown 14/6
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ECORD. Every item of infor-PHYSICIANS should state Exact statement IH UNFADING INK-THIS IS A PERMANEN AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefrally supplied. TION is very important. B.-WRITE PLAINLY,

V. S. No. 1

ż

of OCCUPA-

1. PLACE OF DEATH County Village or City Length of residence in city or town where death occurred Sayrs. (a) Residence: No. Let 1 Pot an an an analysis of the second of the shortest existing blith? 2. FULL NAME (b) The second of the shortest existing blith? (c) Registration Dist. No. And State State Sayrs. (d) Residence: No. Let 1 Pot and State State Sayrs. (d) Residence: No. Let 1 Pot and State State Sayrs. (e) County or town where death occurred about 1 Sayrs. (f) The second of the shortest state of the second of th	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Length of residence in city or town where death occurred country is. Length of residence in city or town where death occurred country is. (a) Residence in city or town where death occurred country is. (b) Length of residence in city or town where death occurred country is. (a) Residence in City or town and State PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (b) S. SINCLE, MARRED, WIDOWED, OR DIVORCED (print is well) (c) B DIVORCED (print is well) (d) B DIVOR	1. PLACE OF DEATH	
Village or City Length of residence in city or town where death occurred a body of the seldence in city or town where death occurred a body of the seldence in city or town where death occurred a body of the seldence in u. S. if of foreign birth? 2. FULL NAME (a) Residence: No. 14	county Mashington.	Registration, Dist. No. 302
Langth of residence in city or town where death occurred and number? 2. FULL NAME (a) Residence: No. 11	Village or City C. C. C. V. S.	4170.4
(a) Residence: No. 14	(Th)	
(a) Residence: No. 1 TOYONG C. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR BOVORED (write it wood) 6. DATE OF DEATH 22. I HEREBY CERTIFY. That I attanded decassed from the wood of core will be a state of above. A state of core will be a state of above. A state of core and the state of	Length of residence in city or town where death occurred yrsmo	sds. How long in U.S. if of foreign birth?yrs mos ds
Clustalplace of abode PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	2. FULL NAME TOUS THOUSE	hler
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SHIGLE, MARKED, MINOWED 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trada, protection, or particular 8. Trada, protection, or particular 8. AND HAVE BODKEEPER, etc. 9. AND HAVE BODKEEP		
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	20, 11600	T/F / mad.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Examplo I	1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	NAT	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	6871	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	THE STATE OF THE S	3 days ago
			CEVIZORS	=4
			4	
Other contributory causes of importance:		Other contributory caus	ses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

County / allurate Village or City Rashing t	on Co Haghi	Registration	st, 3 Wa
2. FULL NAME (a) Residence: No. 0/9/4/4	Roubs S Results S Re	St., Ward.	yrs. mos. (
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
Male Thit	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(0ay) , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	ð	22. HEREBY CERTIF	Y, That I attended doceased fr
6. DATE OF BIRT11 (month, day, and year)	-16=1933	I last sew have alive on	, 19; death is s
7. AGE Years Months	Days If LESS than 1 day, trs or min.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related cau were as follows:	
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.		Still Som	-
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this	Dong lason,	N
this occupation (month and year) 12. BIRTHPLACE (city or town)	occupation	Other Coutributory Causes of importance:	
(State or country)	adrian Komb		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	La Arricis	Name of operation	
15. MAIDEN NAME	a due	23. If death was due to external causes (VIOL ENCE)	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	burge	Accident, suicide, or homicide?	
17. INFORMANT LANGUAGE (Address)	Robertus	Where did Injury occur? (Specify city of Specify whether Injory occurred In INOUSTRY, in H	or town, county and State) IOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR RAWOVAL Place	600 har 18, 19.33	Manner of injury	
19. UNDERTAKER (Address)	riler ma	24. Was disease er injury in any way related to occur If so, specify	pation of deceased?
20. FILED 3-18- 1933 64	Coeff Bourse	(Signed)	nd!

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none,

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Dr Camp Soule 9 15 Hand Hanh

FOR BINDING

MARGIN RESERVED

V. S. No. 1

	S 1. PLACE OF DEA	TATE O	F MAR	YLAND—	CERTIFICATE OF DEATH	03205
	County Wash	ington	COBPORAT	B LIMITO OF	Registration Dist. No. No. Kuhn Avenue f death occurred in a hospital or institution, give its NAME instead of a	302 st., 3 Ward
	Length of residence in o	city or town where de	eath occurred 72) yrs,mos	ds. How long In U.S. if of foreign birth?yrs	ds.
	2. FULL NAME	John K	. Kuhn			
	(a) Residence: No.	Kuhn Av	renue (Usual place o	of abode)	St., 3 Ward. If nonresident give city or	town and State
_	PERSONAL AN	ND STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DE	ATH
_		nite	5. SINGLE, MARE OR DIVORCED Marri	(write the word)	21. DATE OF DEATH March 21, (Month) (Day)	, 193 3 • (Year)
	HIICRAND of	ry Louis	se Kuhn		22. HEREBY CERTIFY, That	
6.	DATE OF BIRTH (month, da	ay, and year) Ju	aly 30,	1860	I last saw h alive on	, 19; death is said
7.	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3:00A m.	
-	72	7	19	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importa	Oate of onset
NO	8. Trade, profession, or p	particular , as SPINNER, EPER, etcRe	thred I	2 12	Caremorna sarying	*
OCCUPATION	andustry or business i	n which			9 Ju duman	
CUR	work was done, as SAW MILL, BANK,		Employe			
00	10. Date deceased last we this occupation (me year)	onth and	11. Total tip spen occu	me (years) t in this pation		
12	. BIRTHPLACE (city or town	Hagerst	lown,	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Other Contributory Causes of importance:	
~	(State or country)	Md.			melastices in	
FATHER		s Kuhn			lugo	
-	14. BIRTHPLACE (city or t (State or country)	own) Washi		County	1177	Date of 1932 for there an autopsy?
HER	15. MAIDEN NAME	Mary S. I	Boyd,		23. If death was due to external causes (VIOLENCE) fill in also the	
MOTHER	16. BIRTHPLACE (city or to (State or country)		ington (County	Accident, suicide, or homicide? Date of injur Where did injury occur?	y, 19
17.	INFORMANT Mrs. (Address) Hage				(Specify city or town, count Specify whether injury occurred in INDUSTRY, in HOME, or in Pl	y and State) JBLIC PLACE.
18	BURIAL, CREMATION, OR		2.5	0.7	Manner of Injury	
	Place Hagerst	town, Md.	Date Mar.	23, 1933	Nature of injury	
-		W. Kraj erstown,		wesp	24. Was disease or injury in any way related to occupation of dece If so, specify (Signed)	mased?
1			Butter	Registrar.	(Address) / / Gulouto //	wa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

RESERVED

MARGIN

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BURLAU			20
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



7 7 2 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH (13297
ould state	1. PLACE OF DEATH	95-2
Pild of	County Washington	Registration Dist. No.
item of should of OCC	Village or City Hagustown	No. Weslem aut. Tim sal & / War
.= . 0	Length of residence in city or lown where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosd
Every CIAN	2. FULL NAME William Ho, Lour	~
. H = /	(a) Residence: No. 28 West dide a	Ward.
	(Usual place of abode)	If nonresident give city or town and State
PP PP PP Ract	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A P	4. COLOR OR DACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
TT. ed.	5a. If married, widowed, or divorced	(Month) (Ddy) (Year)
BINDIN FERMANI EXACT y classifie	HUSBAND OF SELLEN LOW LEUVING	22. I HEREBY CERTIFY, That attended deceased from
IN KW	1	19.33, to 19.33
PE PE	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1.30 m.
FOR BI IS A PEI stated E properly	60 7. /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
- 10	9 Trade profession or particular	Were at Nows: Date of one
ED HIS	Nind of work done, as SPINNER, SAWYER, BODKKEEPER, etc / Blackswith	Grabally some form of React trouble.
RV] ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	O Cenga
SE S		
REE I VG I AGE that ons ons	this occupation (month and year) spant in this 304	Other Contributory Causes of Importance:
2 4	12. BIRTHPLACE (city or town) flawwelly	Constitution Constitution in Importance.
MARGIN UNFADI supplied. n terms, so ee instruct	(State or country)	
	13. NAME Vellam 10. Leury 14. BIRTHPLACE (city or town). La catura luin.	
M. H. U. illy sur	14. BIRTHPLACE (city or town) Carlos Cura Luise. (Stata or country)	Name of operation
it plant	15. MAIDEN NAME / Att (Smithe	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also tha following:
INLY, V be carefu EATH in 1	15. MAIDEN NAME Toute a suite 16. BIRTHPLACE (city or town) Luswille	Accident, suicida, or homicida?
NLY, e car ATH nport	E (State or country)	Where did injury occur?
	17. INFORMANT ZUB W. N Legvas	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
E PLA Should OF D	(Address) West Side AND 18. BURIAL, CREMATION, OR REMOVAL	
	Place Balting Date 3/8 1933	Manner of Injury
-WRITTE mation s CAUSE TION is	9. 1. + 1.	Nature of injury
HCH L	19. UNDERTAKER O CAMPAGE (Address)	24. Was disease or injury in any way related to occupation of deceased?
wi m	20, FILED 3-1- 1933 6 Kas H Bowers,	(Signed Surgery of Jurekruley M.
> Z	Registrar.	(Address) Deling Coronif
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Gallstones	May 1,1923		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CIAN

	ECORD. Every item of infor-	r. PHYSICIANS should state	Exact statement of OCCUPA-	1
MARGIN RESERVED FOR BINDING	H UNFADING INK-THIS IS A PERMANENT ECORD. Every item of infor-	ly supplied. AGE should be stated EXACTLY. PHYSICIANS should state	lain terms, so that it may be properly classified. Exact statement of OCCUPA-	Spe instructions on back of certificate

	FADING INK-THIS IS A PERMANEN ECORD. Every item of infor- lied. AGE should be stated EXACTLY. PHYSICIANS should state	ms, so that it may be properly classified. Exact statement of OCCUPA-istructions on back of certificate.	
ING	CTLY. PHYSIC	ified. Exact state	3. 5a
RGIN RESERVED FOR BINDING	S IS A PERMA e stated E X A	e properly class f certificate.	6. 7.
RESERVEL	AGE should be	ms, so that it may be properly ostructions on back of certificate.	ER OCCUPATION
GIN	FADI	ms, se	02

mation should be CAUSE OF DEAT TION is very impo

STATE OF MARYLAND-CERTIFICATE OF DEATH

6	13	63	6	0
0	0)	4	w	d

1. PLA	CE OF DEA	TH			99-6
Cour	nty Was	hington			Registration Dist. No. 30 Z
Villa		Hagersto	PERATE LIMIT	8 41	No 72 West Side Ave. St J Warr
					death occurred in a hospital or institution, give its NAME instead of street and number)
Leng	th of residence in ci	ity or town where o	death occurred	yrsmos	ds. How long in U.S. if of foraign birth?yrsmosds
2. FUL	L NAME	James	William 1	Lloyd	
(a)	Residence: No	72 West	Side Ave. (Usual place o		St., Ward. If nonresident give city or town and State
PE	RSONAL AN	D STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male		R OR RACE	5. SINGLE, MARR OR DIVORCED Widows	(write the word)	21. DATE OF DEATH March 31 , 193 3 (Month) (Oay) (Yeer)
HUSBA	d, widowad, or dive	Martha L	loyd		22) CHEREBY GERTIFY, That Jettanded decaesad from
6 DATE OF	BIRTH (month, da	v and vear	March 10.	1846	I last saw h Ara alive on 10 12 7 13 219 death is sal
7. AGE	Yaars	Months	Oays	If LESS than	to have occurred on the date stated above, at 6:10 A.m.
	87	0	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trac	de, profassion, or p	articu la r		7 01	On Date of onset
0 3	kind of work done, SAWYER, BOOKKEE	es SPINNER, PER, etc	Farmer		Chouse hypeadel 1923
0	ustry or businass in work was done, as S	SILK MILL.	D-443		(/
20 20 000	SAW MILL, BANK, and deceased last work	etc	Retired 11. Total tin	no (voors)	V
-	this occupation (mo	nth and	spen	tin this pation	
				Ja doll	Othar Contributory Causes of Importanca:
	LACE (city or town) te or country)	Loud	en County.	*************	
1		arrison :			
Ī		***************************************			
4. BIR	THPLACE (city or to (Stata or country)		en County		Neme of oparation
	OEN NAME		Morrison		What tast confirmed diegnosis? Wes there an autopsy?
E			TOTITOUT		23. If daath was due to extarnal causes (VIOL ENCE) fill In also tha following: Accidant, suicida, or homicida: Date of Injury
€ 16. BIR	THPLACE (city or to (State or country)	own)	Va.		Whare did injury occur?
17. INFORM	ANT Sam	wel F. L.		37	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(rass) CREMATION, OR F		Waters, W.	va.	
			Vote Apr.	21933	Manner of injury
					Nature of injury #60
	AKERF	erry Dun	away.	r	24. Was disaase or injury in any wey related to occupation of daceased?
(/000	2-3/-	22 //	116 1	3-100	If so, specify (Signad) (Signad)
20. FILEO	7,	19/1/1/	10031/1	Registrar.	(Signad) M. (Address) Harry town M. (
				Acgiotrat.	" (nuuros)

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1. PLACE OF DEATH	ATE OF MAR	YLAND—	CERTIFICATE	OF DEATH
	shington			Registration Dist. No. 30 2
Village or City	anko'ss		_No.	St.,
	1	10	death occurred in a hospital or institut	ion, give its NAME instead of street and number
Length of residence in city or	0,	yrs._\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	14	foreign birth?yrsmos
2. TOLE NAME	ane Delo	X82 111	axyin	
(a) Residence: No	(Usual place	ol abode)	St., Ward.	If nonresident give city or town and State
PERSONAL AND	STATISTICAL PART	ICULARS	MEDICAL CE	ERTIFICATE OF DEATH
3. SEX 4. COLOR OF		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	Month) (Day), 193
5a. If married, widowed, or divorced HUSBAND of		0	22. A I HEREBY	CERTIFY, That I attended deceas
(or) WIFE of			mar 6	1933, to new 8 1
6. DATE OF BIRTH (month, day, and	year) March	18-1931	I last saw h 2 alive on	nu 8 , 1933; deat
7. AGE Years	Months Oays	If LESS than 1 day,hrs.	to have occurred on the date stated	
1071	6 21.	ormin.	The PRINCIPAL CAUSE OF DEATH were as follows:	n and related cauces of importance
8. Trade, profession, or particular kind of work done, as S SAWYER, BOOKKEEPER,	PINNER, None		L'auten	miliano
9 industry or business in whi	ich			
kind of work done, as S SAWYER, BOOKKEEPER, 9 industry or business in whi work was done, as SILK SAW MILL, BANK, etc 10. Date deceased last worked		time (years)		
this occupation (month a year)	nd spe	ent in this upation		
12. BIRTHPLACE (city or town)	a a ev s You	wn	Other Contributory Causes of Impor	rtance:
(State or country)	md			
13. NAME 3 14. BIRTHPLACE (city or town)	H- Mark	in.		*******************************
14. BIRTHPLACE (city or town)	Mangan	1:1/6	Name of operation	Date of
(State of country)	H C2 C	1—		Was there an autopsy
I	E Wear he	LYT	B	ses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town). (State or country)	M	a result	Where did injury occur?	
17. INFORMANT 5 och	M. H. Mark	in	Specify whether injury occurred in	(Specify city or town, county and State) INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) R = 14	Hagersto	bor. mu		
18. BURIAL, CREMATION, OR REMO	un. Ind Date Ma	v Q . 19 53	Manner of injury	
17150	0 1 2		Nature of injury	Wo
19. UNDERTAKER H	20 ymau	md	24. Was disease or injury in any wa	y related to occupation of deceased?
m- 10	- 1. Y B	and ale	(Signed)	Duilles
20. FILED // (Azen 7. 19.3	" Nell server 1 h. 11 10	DIALITY AT A		

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191	STATE OF MARYLAND—	CERTIFICATE OF DEATH /37
infor- state UPA-	1. PLACE OF DEATH	
	County Washington	Registration Dist. No. 302
should f OCE	Village or City Hag in the will	No. 6/W. Churlist. 5 Wa
= /0	// (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIAINS ement	Length of residence in city or town whera death occurred 4 Uyrsmag	ds. How long in U.S. if of foreign birth?yrsmos
CT E	2. FULL NAME OUT ME ME	vory.
RD, Every YSICIANS statement	(a) Residence: No. 6/W. Bhuvel	St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
ECC PF Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 1/2 2/ 2
	male With OR DIVORCED (write the word)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
T.L.	5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
RMANEN X A C T I	HUSBAND of OCT WIFE OF	22. HEREBY CERTIFY That attended deceased from
ERM EX/ class	11-16-65	19 to 19 19 19 19 19 19 19 19 19 19 19 19 19
PEI PEI ate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h.A. aliva on 745 , 1922 ; daath is si
FOR BIS A PE stated E properly certificate.	// 2 - 1 day,hrs.	to have occurred on the data stated above, at
IS Sta Sta pro pro	3 Trade profession or particular	were es follows:
HIS he pe of of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
K—TH lould may back	9. Industry or businass in which work was done, as SILK MILL,	Wynic or www.sm.
	SAW MILL, BANK, etc	
INI INI INI INI INI INI INI INI INI INI	10. Date deceased last worked at this occupation (month and yaar) 11. Total time (years) spant in this cocupation occupation	
AKGIN KES NFADING I oplied. AGE erms, so that instructions o	Necestia	Other Coutributory Causes of importance:
ucti	12. BIRTHPLACE (city or town) (State or country)	Transc replana L
AKG. UNFA upplied terms, instri	3.00	
T D H T	E -N = = = +	Name of operation Date of
MA H U ully sur plain to	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an au'opsy?
efull in pl ant.	15. MAIDEN NAME & Cla Weller	23. If death was dua to axternal causes (VIOL ENCE) fill in also the following:
Y = = +	15. MAIDEN NAME VCla Wellet 16. BIRTHPLACE (city or town) Vagenous Control (Stella or country)	Accident, suicide, or homicide?
INLY, be cal	(State or country)	Where did injury occur?
IN DE	17. INFORMANT Maurie M. Com	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
S PLA Should Off D	(Address) 6/W. Church H	
	18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
WRITE mation sl	Place 1 4 4 5 5 6 6 6 6 6 7 19 5 5	Nature of injury
Mation CAUS	19. UNDERTAKER Country Vous	24. Was disease or injury in any way related to occupation of deceased?
a P	(Address) frog Evelous hed	If so, specify
ż	20. FILED The International Registrar.	(Signed) M. (Ardress) M. (Ardress) M.
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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	HELENIE	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial neph	iritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 6 1933	July 5,1927	Peritonitis	3 days ago	
	BURNAU V. S	1			
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	- 11		the state of the s
	1 5	1-1100 00 00000	STATE OF MARYLAND
1	0 0	PLACE OF DEATH	
8 120	EX	County // ashingtou	CERTIFICATE OF DEATH
(U)	ā	County A Mary MA	Registration Dist. No. 306
	× 0		, The second of
Q	1 %	Village or City Ron Con Mar (No.	St.: Ward) (If death occurred in
ORD	ISS 9.	Village or City/ Comments	a hospital er institu- tion, give its NAME in-
0	A	but of the Co	
EC	y o	2FULL NAME GRANANCIA & Mc Ci	number.)
X	20 10 10 10 10 10 10 10 10 10 10 10 10 10		
-	ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Z	to f	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
40	000	MARRIED, MARRIED	mar. 22 , 1933
2	bob	d. A M: + WIDOWED. COND	(Month)—(Day)—(Year)
= 3	D ye	temal (Mile (Write the word)	
0 8	ould be may be in back	6 DATE OF BIRTH	
Z H	t m		1605-14 1525 to mar 22 183.
0	0 - 0	april 18 , 1857	that I last saw har alive on Man 22 , 1983,
m ×	CE s hat ione	(Month) (Day) (Year)	10 7 0
S	4 ***	7 AGE If LESS than	and that death occured on the date stated above, at Land L.m.
L .	P on L		The CAUSE OF DEATH * was as follows:
0 =	0 0 0	75 yrs. // mos. 4 ds. or min.?	
昌古		***************************************	
2 1	uppi term ee in	8 OCCUPATION (a) Trade, profession or	Organie heart desease
R V	su n te	particular kind of work House work	
WZ	1 a .	(b) General nature of industry	1
0) -	efully plal ant.	business, or establishment in	(Duration) yra mos de.
20	to ca	which employed or (employer)	
Z	E F		Contributory
ZQ	of d	9 BIRTHPLACE (State or country)	Secondary
OK	FE	Hear sylvan Jenna.	(Duration) yre meet de.
R Z	200	10 NAME OF 1 11 1 0 0.00	(Signed) M. D.
₹ ⊃	7 6	FATHER INSHIPA A. Miliss	1 - 22 - 11 - 11 - 10
2 1	0 0 m	11 BIRTHPLACE	Mu. 2.7. 193 (Address) [Attelf 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
F	w m		*State the Discase Causing Death, or, in deaths from
	550	State or country le or Sylvan terma	Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.
	TOF	TI 12 MAIDEN NAME	
- 3-	. e o .≺	of MOTHER Mary M Geoffel	18 LENGTH OF RESIDENCE (For Bospitals, Institutions, Trans-
=	T et a	13 BIRTHPLACE	ients or Recent Residente)
	5 2 2	OF MOTHER O	At place of death 20 yrs mos ds. State 20 yrs mos ds.
	E .0	(State or country 10 - Sylvon Jenna	Where was disease contracted,
P	# PO	THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE	if not at place of death?
117	20	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or Agase Wase
Ë	- E E	I an the Viles	usual residence
(- Q	=	(Informant)	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
>	>ZO	Margarafusata.	16. A D March 74/933
	0 < ±	(Address)//Levestory	successing ferma fluch
pH	はらず	15 - 233 Men of 4 crouse	20 UNDERTAKER ADDRESS
4	1	Filed May. 23192 Me. W. J. Squam	Madres for

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it falmess of various pursuits can be known. The quescupition is very important, so that the relative health business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, wire are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Mever return 'Laborer," "Forcman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stutionary freman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a mer, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, specifically the occupations of persons en-For persons who have no occupation Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); ...obar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory" and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as " Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for inalignant neoplasms); Measles; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis carbolic acid—probably smeide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. can be ascertained as the cause. Whooping cough; American Medicul Association.) Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. affection need not be The contributory Always qualify all

If this certificate is I oked over thoroughly and all questions answered in detail, it will prevent further correspondence. Let the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Il ashington	Registration Dist. No. 3 05
Village or City San Mar	Nn. St Word
Length of residence In city or town where death occurred 3 yrs. 4 mo	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME THOS. Ida Reame	mc 40
(a) Residence: No. San Man	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 15. SPHARE ETTERS WINDOWS D.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH March 1 102 3
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND OF Serve Co. Mc Shee	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) (1801) -22-18.52	I lest sew here elive on Feb. 2 5 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date statad above, at
80 8 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importence were as follows:
8 Trada profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	A - 9 1-1
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaasad last worked at this connection (month and	Chrone Myolardello 1930
0. Date decaasad last worked at this occupation (month and year)	
40	Othar Contributory Causes of Importanca:
(State or country)	
13. NAME (). F. Reasurer 14. BIRTHPLACE (city or town) Chambers burg	Name of operation Dete of
(State or country) A-ensue.	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Linneard 16. BIRTHPLACE (city or town). Chambersburg	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Chambershung	Accident, suicide, or homicida? Date of Injury, 19
(State or country) Penna	Where did injury occur?
17. INFORMANT Mrs. Walter B. Bache (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Place Chambersburg Ja. Date D. arch 3, 1933.	Nature of Injury.
19. UNDERTAKER DW J. Bost Y Son	24. Was disaase or Injury In any way related to occupation of decaesed?
(Addrass) Coonston md.	If so, specify
20. FILED March 1: 1933 William 3 Bast	(Signad) W. M. D.
Registrar.	(Address) (20 vnotoro.

B.—WRITE PLAIN V. S. No. 1 ż

PHYSICIANS should state

stated EXACTLY.

properly classified.

See instructions on back of certificate.

in plain terms, so that it may be

UNFADING INK-THIS IS A PERMANENT

AGE should be

supplied.

arefully

CAUSE OF I mation should

TION is very

MARGIN RESERVED FOR BINDING

of OCCUPA-

Exact statement

item of infor-

CORD. Every

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

-WRITE PLAINLY.

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STATE OF MARYLAND-CERTIFICATE OF DEATH

6	0 .	5		in.
0	<	1	1 3	13
U	13	(3	. 1	Fig.
	-	-	~	AL

I. PLACE	OF DEATH			(121)	
County	Washingto	on		Registration Dist. No. 30	12
	r City Hagerst		6 yrs	No. Washington County Hospist, a fdeath occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	13 Ward
	AME James L				
		rk Avenu (Usualplace	e	St., Ward.	
PERSC	NAL AND STATIS			If nonresident give city or town a MEDICAL CERTIFICATE OF DEATH	ad State
s. sex Male	4. COLOR OR RACE White	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH March 17,	, 193 3.
5a. If married, wid HUSBANO of (or) WIFE of	f.		gar pur	(Month) (Oay) 22. I HEREBY CERTIFY, That I attende March 16 ,1938, to Morch 17	
6. DATE OF BIRT	H (month, day, and year) Ja	an. 17,	1917	I last saw have alive on Moch (6, 193	B: death is said
	Years Months 16 2	0ays	If LESS than I day,hrs. ormin,	to have occurred on the date stated above, a 2:30 A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9. Industry of work in SAW M	ofession, or particular of work done, as SPINNER, ER, BOOKKEEPER, etc or business in which was done, as SILK MILL, MILL, BANK, etc	Laborer		acute appendien	Date of onest
yaar)	coupation (month and	spe occ	tima (years) ent In this upation	Other Contributory Causes of importance:	
(State or co		•		Welken Seuloueles	
13. NAME	Otho R. Mil:	ler,		a Edjenn	0 0
(State	CE (city or town) Mil	lstone Md.		Name of operation appearance stange Date of What test confirmed diagnosis? of furthing to was there are	3/16/8
15. MAIDEN I	NAME Susie J	. Stump		23. If death was due to external causes (VIOLENCE) fill in also the following	
	CE (city or town) Mills or country) Md.	stone		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
(Address)	Otho R. Mil.	ler,	••••	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	ate) LACE.
18. BURIAL, CREM	ation, or removal gerstown		19,1933	Manner of Injury	
19. UNOERTAKER . (Address)	Fred W. Kra		<i>f</i>	24. Was disease or injury in any way related to occupation of deceased?	uo
20. FILEO . 3-	19-,1933 f	Kost	Bowerb Registrar.	(Signed) Address) Haylor Common Ca	₽M. D.
				4	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
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Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	+ te +	STATE OF MARYLAND—	CERTIFICATE OF DEATH
3	infor- state UPA-	1. PLACE OF DEATH	(8)
M)		county Washington	Registration Dist. No. 303
~		Village or City Analysis with	No. Pretouclearly Co. Vone 5 ward
	= 0 /) / (If	death occurred in a hospital or institution, give its NAME instead of street and number)
	RD. Every YSICIANS statement	1 7 1	ds. How long in U.S. if of foreign birth?mosds.
	Ev Ev tem	2. FULL NAME Samuel M. Mon	ue ,
	RD.	(a) Residence: No. (Usual place of abode)	St. S Ward.
	CORD. Every PHYSICIANS ict statement	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	ECC PP Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	> -	male White OR DIVORCED (write the word)	March 19, 193 3
Z	T I ied.	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
BINDIN	RMANEN X A C T I classified.	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Z		- Juli se regras	ang 30, 1932, to march 19, 1933
M	IS A PE stated E properly certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h. A. alive on
FOR	IS A I stated properliertifica	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at & SOLm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
F	IS sta pro	8 Trade profession or particular	were as follows:
A	HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	acute ascending zwe
VED	ould may back	S Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Constitute - duality
3R	32 .C	SAW MILL, BANK, etc	- Cacarage Accesses
RESER	1 m 10	10. Date deceased last worked at this occupation (month and spent in this	
RI	AGE AGE that	year) occupation	Other Contributory Causes of importance:
Z	NFADING plied. AGF erms, so tha instructions	12. BIRTHPLACE (city or town)	arterio Scheroses 2
MARGIN	FA] ied. ns, stru	(State or country) UNRNOUN	
AR	D = 3	13. NAME almer apmorns	
X	H U su iin t	4 14. BIRTHPLACE (city or town) Unknown (State or country)	Name of operation
	2 5		What test confirmed diagnosis? Was there an autopsy?
	refull in pl	I The state of the	(23. If death was due to external causes (VIOL ENCE) fill in also the following:
	K B H B	[State or country]	Accident, suicide, or homicide?
	P s A	· M. W. H. M. 11	Where did injury occur?(Specify city or town, county and State)
	Y P O	17. INFORMANT LA Wallet Wallet Wallet	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
2	E PLA should OF D	18. BURIAL, CREMATION, DE REMOVAL	Manner of injury
7)		Piace Dalim Church Moate March 21, 1933	Nature of Injury
	-WRITE mation s CAUSE TION is	10 HADDOTANED SCATTO F Mining of Alla	24. Was disease or Injury In any way related to occupation of deceased?
fo. 1	HOH	19. UNDERTAKER ALL THUMBER YSOT (Address) Jackson Transit Mich YSOT	If so, specify
Zi Zi	m m	3-21-633 Chest Bowers	(Signed) O. H. Burkley M.D.
>	ż	20. FILED Registrar.	(Address) Itacky town land
1	49	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
- /	1	har 7	Milled

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			878 W

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAstated EXACTL H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. important. See instructions on back of certificate. AGE should be supplied. mation should be carefully B.—WRITE PLAINLY, TION is very ż

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	1310
1. PLACE OF DEATH	82-2	
County () ashing ton	Registration Dist. No. 30	5
Village or City Near & Bourston	NoSt.,	Ward
(II) Length of residence in city or town where death occurred Lylvrsmos	death occurred in a hospital or institution, give its NAME instead of street and	number)
2. FULL NAME Mary Markelane 7	nose	
(a) Residence: No. Veal Sousboo (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR BIVORGED (write the word)	21. DATE OF DEATH Murch (Month) (Day)	, 193 3 (Year)
5e. If married, widowed, or divorced HUSBANO of	(worter) (bay)	(Teal)
(or) WIFE of Joshua E. Moser	1 HEREBY CERTIFY, That I attended 10 33 to mar 30	deceased from
6. OATE OF BIRTH (month, day, and year) October - 25 - 1865	I last saw h la slive on march 30' 19 38	_; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at	
67 5 1 day,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of Importance were as tollows:	,
8 Trade profession or particular		Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Lousurfe	Cepeteral Hunsthage	3/29/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and		
10. Oate deceased last worked at 11. Total time (years)		
this occupation (month and year)		-
mola illa	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	The state of the s	1000
13. NAME John 74. Folto.	araris marine	197
E	arena significany	1979
(State or country)	Name of operation	
	What test confirmed diagnosis? Was there an a	
E TO I O I O	23. If death was due to external causes (VIOLENCE) fill in also the following	
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury Where did injury occur?	, 19
C The	(Specify city or town, county and State	e)
17. INFORMANT CADO CARDON CALL (Address) Barrier Market R. J.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL/	AUE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place tahrneys Countary Oate April 2, 19.32	Nature of injury.	
19. UNDERTAKER (ITW. J. Sent & Son	24. Was disease or injury in any way related to occupation of deceased?	ho
(Address) Boonstono Md.	If so, specify	
20. FILEO March 31, 19.33 William D. Bas	(Signed) Daugher mh.	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

CEDTICIOATE OF DEATH

CTATE OF MADVI AND

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUXZAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

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Other contributory causes of importance:		Other contributory causes of importance:	
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Chranic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BTI BLAL	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1	N. BWRITE PLAINLY W H UNFADING INK-THIS IS A PERMANENT ECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTL PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
-	-WR	matic	CAU	TIOI	
S. No.	. B				
>	Z				

STATE OF MARYLAND—	95-0 - 03309
	No. 354 West Side Ave. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Mary Elizabeth Myers. (a) Residence: No. 354 West Side Ave. (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.	21. DATE OF DEATH March 31, 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single.	22. I HEREBY CERTIFY. That I attended deceased from march 10 1933, to march 31, 1933
6. DATE OF BIRTH (month, day, and year) Nov 28, 1859 7. AGE Years Months Deys If LESS than	I last saw here alive on 27 as 3/., 19.33; death is said to have occurred on the date stated above, at 6:00P m.
73 4 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Home Work 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	Chrom'e my ocardité
this occupation (month and spent in this occupation washing ton County (State or country) Md.	Dther Coutributory Causes of importance:
I 13. NAME Emanuel Myers	
13. NAME Emanuel Myers 14. BIRTHPLACE (city or town). Washington County. (State or country) Md.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah 16. BIRTHPLACE (city or town) Washington County Md.	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Benjamin T. Myers, (Address) Hagerstown, Md.	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Hagerstown, Md. Date April 3 ., 163.	Menner of injury
19. UNDERTAKER Fred W. Kraiss, (Address) Hagerstown, Md.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.
20. FILED Registrar.	(Address) Hagen wwn my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	L. PLACE OF	DEAT	Н					
		ty Ha	hington gerstow y or town where d	n		Registration Dist. No. 30 7 Washington Avenue St., Washington Avenue St., Washington Avenue St., Washington or institution, give its NAME instead of street and number) s. 11 ds. How long in U.S. if of foreign birth?		
1	2. FULL NAI			S. Nic	chols on Avenue	St., Ward. If nonresident give city or town and State		
-	PERSON	AL ANI	D STATISTI			MEDICAL CERTIFICATE OF DEATH		
	Male 4. COLOR OR RACE White		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		21. DATE OF DEATH March 24, (Day) (Year) (Month) (Day) (Year)			
5a	. If married, widow HUSBANO of (or) WIFE of	married, widowed, or divorced HUSBANO of (or) WIFE of				22. March 22 1933, 10 March 24 193		
	AGE Yea	rs	Months 3	c. 13, Days 11	1932 If LESS than 1 day,hrs. ormin.	l last saw have alive on 774, 23, 1933; deeth is a lo have occurred on the date stated above, at 73, m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:		
OCCUPATION	kind of work done, as SPINNER, Infant Child SAWYER, BOOKKEEPER, etc Infant Child Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) Hagers town					Other Coutributory Causes of importance:		
ER	(State or country) Md.					Heart failure		
FATH	14. BIRTHPLACE (city or town) Luray (State or country)					Neme of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?		
	15. MAIOEN NAME Grace Mowen 16. BIRTHPLACE (city or town) Clearspring (State or country) Md. 17. INFORMANT Elmer S. Nichols, (Address) Hagerstown, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Oate Mar. 27., 19.33					23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?		
19	9. UNDERTAKER Fred W. Kraiss, (Addiess) Hagerstown, Md. 20. FILED. 3-24, 1933 Chasff Society Registrar.					24. Was disease or injury in any way related to occupation of deceased? It is o, specify (Signed) (Address) (Address)		

ECORD. Every item of infor-UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING

should state of OCCUPA.

Exact statement

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AGE should be

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mation should be carefully

B.-WRITE

CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

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Arteriosclerosis Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			,

V. S. No. 1

DEATH		0331	11	
stration Dist. No.	3	01	1	

1. PLACE OF	ashington			82-0	Registration Dist	t. No. 3	0/
Village of C			(lf	No			
Length of resi	dence in city or town where de		1 Ly8mos.	ds. How long in U.S. if of f	oreign birth?	yrsn	nosds.
(a) Residen	ce: NoSame	(Usual place	of abode)	St.,	If nonresident give	city or town and	d State
PERSON	AL AND STATISTI	CAL PARTI	CULARS	MEDICAL CE	RTIFICATE O	F DEATH	
3. SEX male	4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	March (Month)	2 (Day) /	., 193 3 (Year)
5a. If marriad, widow HUSBAND of (or) WIFE of	ed, or divorced Ethel	Gigeo	us .	1.44.	CERTIFY,	That I attanded	I deceased from
6 DATE OF BIRTH	(month, day, and year)	Jan. 29	. 1881	I last saw h is alive on ?	nor!	st, 19.3	3; death is said
7. AGE Yea		Days	If LESS than	to have occurred on the data stated	above, at 2 a.	m,	
52	1	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of	f importance	Date of onset
9. Industry or work was SAW MII 10. Data deceas this occu year) 12. BIRTHPLACE (ci (State or cou	ty or town) Marylantry)	1 11. Total transport	ime (years life ntin this upation	Other Contributory Causes of import		osis	
13, NAME 1	udolph Palm						
13. NAME A	(city or town)	yland		Name of operation			
15. MAIDEN NA	ME Annie Marylar (city or tow Marylar country)	Shank	a cha	What test confirmed diagnosis? 23. If death was due to external cause Accident, suicide, or homicide? Where did injury occur?	es (VIOL ENCE) fill in	also the followir	ng: , 19
17. INFORMANT (Address)	Reickard P	rtmerd	,	Specify whether Injury occurred in	(Specify city or tow INDUSTRY, In HOME,		
18. BURIAL, CREMAT	ion or removal liamsport Mo	l Date Mer	5 ,1933	Manner of injury			
19. UNDERTAKER	lbert Leaf	William	sport Md	24. Was disease or injury in any way	y related to occupation	of deceasad?	No.
20. FILED // Da	24, 1933 6.	6. Chi	Kard. Registrar.	(Signed) (Address)	port	m	M. D

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	Example II	
A CONTRACT	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritoritis	3 days ago
4	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

1	. PLACE O		JF MAF	RYLAND—	03312
	County	Washingto	n		Registration Dist. No. 30 Z
		ity Hagerst		TE LIMITS ##	No. 17 E. Lee Street St. 3 Ward
				40	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of resi	dence in city or town where	death occurred	40_yrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds
1	. FULL NA	ME Mary M	illicer	t Pinney	
	(a) Residen	ce: No. 17 E.	Lee Str	eet	St., 3 Ward.
			(Usual plac	re of abode)	If nonresident give city or town and State
-		IAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3.	Female	4. COLOR OR RACE White	OR DIVORCE	RRIED, WIDOWED, ED (write the word))W	March 21, (Month) (Day) (Year)
5a.	If married, widow HUSBAND of (or) WIFE of		Pinney		22. I HEREBY CERTIFY, That I attended deceased from
				1866	Mas. 20, 19.83, to Mas. 21, 19.83; death is sale
	DATE OF BIRTH ((month, day, and year)	Days	If LESS than	to have occurred on the date stated above, at 3:00 Am.
	6		0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
-			1	ormin.	were as follows:
NO	kind of v	ssion, or particular work done, as SPINNER,	Musici	an	
OCCUPATION	9. Industry or	BOOKKEEPER, etcbusiness In which			
- P	SAW MIL	s done, as SILK MILL, LL, BANK, etc	Singer	Retired	
000	10. Date decease	ed last worked at pation (month and	SI	time (years) cent in this cupation	Carcinoma of stormach aukum
12.	BIRTHPLACE (ci				Other Contributory Causes of Importance:
2	13. NAME	Unknown			
FATHER	N	773-	nown		Name of acception O1 A11 0
FA		(city or town)UNA	ILOWII		Name of operation Date of What has a confirmed dispussion of the confirmed dispussion
R	15. MAIDEN NA				What test confirmed diagnosis? Should was there an autopsy? Pet
MOTHER					23. If death was due to external causes (VIOLENCE) fill in also the following:
MO	16. BIRTHPLACE	(city or town)	nown		Accident, suicide, or homicide?
17.	INFORMANT	Friends & N		`S.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.		TON, OR REMOVAL	ATT SALE		Manner of Injury
	Place_Ha	gerstown, M	d Date Mar	23,,19.33	
19	. UNDERTAKER (Address)	Fred W. Kr Hagerstown		1-9	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED 3- A	73-,19:336	half	Registrar.	(Signed) Mary S. Laughlin M. D. (Address) Laguatawn Md.
activate role		If more	blanks are needed	, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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	Example I	-	Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory	eauses of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
hour where deather She had no other plusicion for
several months before he death, I could not make a satisfact
our damination, but there was a very hard place in the chi-
grastium, she was nounting Tomp Oh Ellerna of legs, no joundice
land a history of 2 or 5 months' illness: Abry 64. Laughlin

infe	sta	UP	1	
item of	plnods	of occ		
Every i	CIANS	tement	1	
CORD.	PHYSI	et sta		
E	7	Exa		
N. BWRITE PLAINLY, H UNFADING INK-THIS IS A PERMANEN ECORD. Every item of infe	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP.		
S A PE	tated E	roperly	TION is very important. See instructions on back of certificate.	
ISI	he s	be p	of ce	
NK-TH	plnods	it may	n back	
OING II	AGE	so that	ctions o	
UNFAI	upplied.	terms,	e instru	
H	fully s	n plain	nt. Se	7
NLY,	be care	SATH i	mporta	
PLAI	plnoys	OF DE	very i	
WRITE	ation	AUSE	ION is	-
. B	H	C	I	Section Sections
Z				

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	The Cart of BEATH (13313
County Washington	Registration Dist. No. 302
Village or City 149 GOLSTON	No. 5 11. mm and st 5 Word
Langth of socidance in situ and a situation of the situat	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Sulbert & Pul	len
(a) Residence: No. 3 (Usual place of abode)	St., D Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White the word)	March 26 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of claims of Pullen	22. Nov 1 HEREBY CERTIFY. That I ettended deceased from 1932, to March 26, 1933
6. DATE OF BIRTH (month, dey, and year) Manch 2 9 1972	I last sew h. alive on march 26, 1933 deeth is seid
7. AGE Yeers Months Days If LESS then	to have occurred on the date stated above, at 3. Pm
59 11 28 f dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Zarran SAWYER, BOOKKEEPER, etc Zarran SAWYER, etc Zar	
Industry or business In which work wes done, es SILK MILL,	Permiciona anasima
SAW MILL, BANK, etc	
this occupation (month and yeer) - Ref. 1932 spent in this occupation 15	
11:0+	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - Augh Alona (Stete or country)	none
13. NAME Em logo P. Ilea	
14. BIRTHPLACE (city or town)	Name of a self-
(State or country)	Name of operation
15. MAIDEN NAME Sindia anne Danda	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Aughatown	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
(State or country) New Dersey	Where did injury occur?
17. INFORMANT Mrs. Usene a Polleh	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) / Lagerstown md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Raguelon Md Dete Mar 29 , 1933	Neture of injury
19. UNDERTAKER Scott t Minnight Son	24. Wes disease or Injury In any way related to occupation of deceased?
3-28-1.33 Chert & Same	(A) Hankle
20. FILED Registrar.	(Address) / La ger Stown M. O.
If more blanks are needed, address State Registrar, 2	ALL N. Charles Street Baltimore Republing 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcck ago
Chronic interstitial nephritis RUREAU	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	- 111.6	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03314
1. PLACE OF DEATH	3 0 7.53
County Washington	Registration Dist. No.
Village or City How W-WY	No. Washing County Mofile Ward
Length of residence in city of town where death occurredyrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Stiller Pm Ull	Cherk
(a) Residence: No. 3N Valley (Rd	St., H Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (whethe word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. THE REBY GERTIFY. That Latender succeased from
6. DATE OF BIRTH (month, day, and year) 3 -28-1933	l last saw h. Palwood 1100 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, al 200 a.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Date deceased last worked at this occupation (month and	Still fork
Date deceased last worked at this occupation (month and year)	
HARIALANA.	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) (State or county)	
# 13. NAME Del. Tope for Tuckent	
13. NAME DEC. 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	Name of operation
(State of Educity)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place A COMMON DAMMAN DA	Manner of Injury
(Claration ()	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way celative to occupation of deceased?
(Address)	If so, specify
20. FILED 2 1970, 1970 Office Registrar.	(Signed) M. D. (Address) M. D. (Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	į į	Example II	
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Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CELVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Ih. Starker

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Example I Example III The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows.9 Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

305

(Yeer)

(Day)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonîtis	3 days ago
Other contributory causes of importance:	en energy a	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

	Village or Ci	Washington by Hagerston		LIMITS 60	No. 5 Moller Avenue death occurred in a horpital or institution, give its NA
	2. FULL NAM	ME Anna I	. Sa.um		ds. How long in U.S. if of foreign birth?
	(a) Residence	e: No. 5 Mol]	er Aveni (Usual place o	1e f abode)	St., 🗸 Ward.
	PERSON	AL AND STATIST			MEDICAL CERTIFICA
3.	sex Female	4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED	tied, WIDOWED, L'write the word) Led	21. DATE OF DEATH Marcl (Month)
5a	a. If married, widows HUSBAND of (or) WIFE of	Fred R.	Saum		22. I HEREBY CERT
6.	DATE OF BIRTH	month, day, and yaer)	June 27	. 1891	i last sew here alive on mur
7.	. AGE Year 41		Days 24	If LESS than 1 dey,hrs. ormin.	to have occurred on the data stated above, at 5. The PRINCIPAL CAUSE OF DEATH and related were as follows:
NOL	8. Trade, profas kind of w SAWYER,		Home Wo:	rk	C'arcinonia l
OCCUPATION	9 Industry or I work wes	ousiness in which done, as SILK MILL, L, BANK, atc			
000	titis occus	d last worked at pation (month and	11. Total tip spen occu	me (years) t in this pation	
1	2. BIRTHPLACE (cit	y or town) Ridgewa	Other Contributory Causes of importance:		
0	(State or cour	Julian F. (hone
FATHER		(city or town) Berl	cley Cou	nty	Name of operation
ER	l (Stata of	ME Lillie J		M	What test confirmed diegnosis?
THE	E TO. MAIDEN NA		or Com		23. If death was due to external causes (VIOLENG

ME instead of street and number) _____yrs._____ds. nt give city or town and State E OF DEATH 23, (Day) Y. That I attended deceesed from usas of importance Date of onset Date of Was there an autopsy?..... fill in also the following: Date of injury _____ 19____ Where did injury occur? (Specify city or town, county and State)
Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?___ If se, specify .. (Signad).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	, , , , , , , , , , , , , , , , , , ,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-EXACTL UNFADING INK-THIS IS A PERMANEN properly classified. MARGIN RESERVED FOR BINDING certificate. stated AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of supplied. TION is very important.

mation should be carefully WRITE PLAINLY, V. S. No.1 N. B.-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		(59) (3319
County Washing	ton	Registration Dist. No. 302
Village or City Hagersto	un	No. Sharpshing Pike St. Ward
		f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death of	occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Bally Be	oy densen	bough
(a) Residence: No. Sharpa	hung Pike	St., Ward.
PERSONAL AND STATISTICAL	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	INGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	R DIVORCED (write the word)	mas 31 1933
5a. If married, widowed, or divorced	- acrya	(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
7-	1 3	hias 31, 1933, to mas 31, 193
	rch 31, 1933	I last saw h. Am alive on 5/3/, 19-33; death is said
7. AGE Years Months	Days If LESS than 1 day,LQhrs.	to have occurred on the date stated above, at
l C Tarte and in the last	ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	ione	Post of the second
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc UD. Date deceased last worked at this occupation (month and		Orumature Origani.
work was done, as SILK MILL, SAW MILL, BANK, etc	••••	Sid months
	11. Total time (years) spent in this	,
year)	occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Hagers	town	
(State or country)		
13. NAME John W. Sens	eneaugh .	
V 14. BIRTHPLACE (city or town)	loun	Name of operation
	1 1 1 1 1 1 1	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Goldie Cather 16. BIRTHPLACE (city or town) Hager (State or country)	the Delaughter	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	syun	Accident, suicide, or homicide? Date of injury, 19
2.0	0 0	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John W. Al	nelulangi	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Marior Cemetery Da	te 4/2,1933	Nature of injury
Carret Car	+ 0	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER CAMERALY CALL (Address)	and the second	If so, specify
20. FILED 4/2/ 1933 6 thos	Howers	(Signed) A. S. Porterfuld M. D
20. FILED-1-1-1., 18	Registrar,	(Address) 136 W W ashington of

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY PHYSICIAN
	, b
	A

STATE OF MARYLAND	CERTIFICATE OF DEATH (13324)
1. PLACE OF DEATH	(B)
County Washington	Registration Dist. No. 325
Village or City Bookston	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Deorge Thashing?	on Shoemake.
(a) Residence: No. Brance Inc. Tond	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Ihale White Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	222 1 HEREBY CERTITON That I extended deceased from
(or) WIFE of Malinda Shoemaker	March 19 1933 10/ Jack 19 1933
6. DATE OF BIRTH (month, day, and year) farman -2/-/862	I lest saw has DEAD Mar. 19 1933; death is said
7. AGE Years Month's Days If LESS than	to have occurred on the date steted above, at 2:15 Pm.
7/ 1 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	Chones: Ongo adition Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Chronica Interest that
9. Industry or business in which work wes done, as SILK MILL,	Hephritis
SAW MILL, BANK, etc. Level Cook 10, Date deceased last worked et 11, Total time (years)	generalized atteriorclassis ?
this occupation (month and year) Solat - 1928 spant in this occupation	()
12 BIDTUDI ACT (situation) Barrier	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	
# 13. NAME Daniel Slavenach	
13. NAME Daniel Shoemaker 14. BIRTHPLACE (city or town) Bolivia	Name of operation
(State or country) Fred, Co. Md.	Charen
15. MAIDEN NAME Elizabeth Castle	What test confirmed diagnosis? Was there an au opsy? Was there are used to be open the opsy? Was there are used to be opsy. Was the opsy. Was t
15. MAIDEN NAME Elizabeth Castle 16. BIRTHPLACE (city or town) / Boonsberg	Accident, suicide, or homicide? Date of Injury, 19
E (State or country) Wash, Co. Md.	Where did injury occur?
17. INFORMANT Mrs. Malis da Shoessakes	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Boonslow md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Journe Date / Janh 22, 1923	Nature of injury
19. UNDERTAKER UM) Dast Y Sing (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED March . 32., 1932 The Cliam D. Bast	(Signed) WB Waker M. D.
Registrar.	(Address) Worthware Md

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis RECE 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago RITRE Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03321
infor- state UPA-	1. PLACE OF DEATH	(1)-(1)
	county // ashington	Registration Dist. No. 30 2
9.2	Village or City / Seaver Creek	No. St., Ward
t o ii.	Length of residence in city or town where death occurredyrs1	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mrsmosds.
D. Every SICIANS	2. FULL NAME Marion Calherine	Shoon
	(a) Residence: No. 3 Law Cx Cylek	St. Ward.
~ > 00	(Usual place of abode)	If nonresident give city or town and State
PH.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E S	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 22 (Day) (Year)
BINDING PERMANEN EXACTI y classified te.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended decessed from
BINI ERM EX/ clas	6. DATE OF BIRTH (month, day, and year) NAC 25= 1856	I last saw h en alive on Alan 22, 18.33; death is said
FOR BIS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
FOF IS A state prop	77 3 28 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related courses of Importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 7 DUSEW W	Durchy Henout age mais?
ck and the	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	Cuterio Scherosig) 1931
o t M H	10. Date deceased last worked at this occupation (month and yeer) 1933 11. Total time (yeers) spent in this occupation occupation	Other Contributory Causes of importance:
Z 4 _ of	12. BIRTHPLACE (city or town) \ De wer Crede (State or country)	Other Continuenty Causes of Importance.
RG VF A VF A VF A VF A VF A VF A VF A VF A	II 13. NAME HENRY TOLT	
A DEP	14. BIRTHPLACE (city or town) Quyes Torra	Name of operation Date of
PRIM 1 T (1 (State of County)	What test confirmed diagnosis? Was there an autopsy?
ry, Tr carefully H in pla	I 15. MAIDEN NAME No Record	23. If death was due to external causes (VIOL ENCE) fill in also the following:
car CH orts	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
ATNLY, Id be careful be ATH in py important.	17. INFORMANT ITTES Laura Deltous	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Should OF D	(Address) Seaves Creek Mills Burial, CREMATION, OR REMOVAL	Manner of injury
	Place Decree Creek Date mar 26,1933	Nature of injury
-W mat CA	19. UNDERTAKER THE COLUMN (Address)	24. Wes disease or Injury in any way related to occupation of decessed? New If so, specify
N. S. No	20. FILED 3-23-, 1923 - May Hower Registrar.	(Signed) M. D. (Address) A stransformation (Address)
1/53		2411 N. Charles Street, Beltimore, Requesting U. S. No. z.

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Example I		Example II/	e JI/	
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Chronic interstitial nephritis Art 10 1909	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. IS.				
	2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting . S. No. 1.

Warren miller

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Cerebral hemorrhage	July5,1927	Peritonitis	1 week ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	4		

MARGIN RESERVED FOR BINDING

4 te 7:	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor-	County Washington	Registration Dist. N
item sho		No. death occurred in a horpital or institution, give its NAME instead ds. How long in U.S. it of foreign birth?
D. Every SICIANS tatement	2. FULL NAME Eolizabath & Su (a) Residence: No.	St. Ward.
IX s	(Usual place of abode)	If nonresident give city
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
	3. SEX 4. COLOR GRACE 5. SINGLE, MARRIED, WIDOWED, ON DIWORCED (write the word)	21. DATE OF DEATH Man (Month) (D
(ANENA CT)	5a. If married, widowed, or divorced HUSBAND of Martin TSrydkor (or) WIFE of Martin TSrydkor	22. HEREBY CERTIFY, Tha
PERM EX. Iy cla	6. DATE OF BIRTH (month, day, and year) Fub-126=1843	Hast saw h & alive on 3 - 15
A J	7. AGE Years Months Days 1 If LESS than 1 day, hrs.	to have occurred on the date stated above, at. 7. 20m. The PENNCIPAL CAUSE OF DEATH and related causes of long
K—THIS IS hould be statemay be properties.	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	DEduca & Entrem
INK E sh t it	O. Oato deceased last worked at this occupation (month and year)	
DIP So scti	12. BIRTHPLACE (city or town) Carbles Mills (State or Quntry) Task Common	Other Contributory Causes of importance:
Dplied pplied terms, instru	# 13. NAME 63ra to suyder	arties of the control
H U sup	(State or country)	Name of operation
A 22 - A	15. MAIOEN NAME Sarah Stoffs	What test confirmed diagnosis?
INLY, be carefull EATH in p important.	16. BIRTHPLACE (city or town Sancy Avriller (State or country) Washing on Trick	Accident, sulside, or homicide? Oate of i
PLAINLY, hould be car OF DEATH very import	17. INFORMANT MISS Barbara Suyder (Address) Krushis Volunt Musi	(Specify city or town, co Specify whether injory occurred in INOUSTRY, in HOME, or i
FE Sh Is v is v	18. BURIAL, CREMATION, OR REMOVAL De march 29.33	Manner of injury
mation si CAUSE TION is	19. UNOERTAKER KARAYSVILLE MOL	24. Was disease er injury in any way related to occupation of
N. B.	20. FILED Mar 18, 1933 P. A. Seeting.	(Signed) A. Nichowill (Address) Klidy sville
	If more blanks are moded address State Continue	A Charles A Paris

033.3 Registration Dist. No. 316.

الم	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
)5.	Ama
A	your
	St., Ward. If nonresident give city or town and State
-	MEDICAL CERTIFICATE OF DEATH
-	21. DATE OF DEATH /
	Mar 16 193 3
-	(Month) (Day) (Year)
	22. I HEREBY CERTIFY. That I attended deceased from 1933, 10 3 - 1 4 1933
3	to have occurred on the date stated above, at 930 cm.
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
-	Crose hy o Cardetes Oate of onset
	DEduce of Entremition ?
	Cauch & mremis
	6
-	Other Contributory Canaga of importance:
	Quality .
	arther Schrosis
	Name of operation Oate of
-	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, sulside, or homicide?
	Where did Injury occur?
-	(Specify city or town, county and State) Specify whether injory occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
7	2,000,000,000,000,000,000,000,000,000,0
	Manner of injury
-	Nature of injury
	24. Was disease er injury in any way related to occupation of deceased?
	If so, specify
	(Signed) A. Nicolowill M.D.
	(Address) Kledy sville. mil.
, .	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of coset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis , RE-	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example 1		Example II	
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	and the second	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago
Cerebral hemorrhage	- T 8.	July 5,1927	Peritonitis	3 days ago
	BURNAU			
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			•	





ERTIFY, That I attended deceased from to have occurred on the date stated above, at 4. A Wm The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset Name of operation What test confirmed diagnosis?_____ Was there an autopsy?____ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 19____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased?_____ (Address) Jayro M If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	APR 6 1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURDATVA	July 5,1927	Peritonitis	3 days ago	
		wa L			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	M
MUDITIONAL	SIACE	LOW	TURIMER	SIMINITIME	DI	1 11 1 51012	FILE

1 4 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
infor- state UPA-	1. PLACE OF DEATH	(Fa)	1
P 3	County Markey along	Registration Dist. No.	4
F. 6	Village or City Reserved	No. St	Ward
= 0		death occurred in a hospital or institution the its NAME instead of street and nur	mber)
INS ent	Length of residence if city of town where death occurred yrs	How long in W. if of loceign birth? yrs. mos.	ds.
RD. Every YSICIANS statement	2. FULL NAME ONCE A SUUTA	agas upes	
RD. YSI	(a) Residence: No. Auction (Usual place of abode)	St., Waye. If nonresident give city or town and St	ate.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	ate
RECO Exact	3. SEX 4. COLOR OR PAPE 5. SINGLE, MARRIED, WIDOWED OB-DIVORCED (write the wort)	21. DATE OF DEATHMAN	33
TI Ed.	5a. Il married, widowed, or-divorced	(Month) /(Oay)	(Year)
DING ANED ACTI Ssifted	HUSBANO of (or) WIFE OT	22. O I HEREBY CERTIFY. That I ettended de	ceased from
BIND ERMA EXA y class	Elegan size	Jen / 1933 to March)	., 1953.
DE E	7. AGE Years Months Oays If LESS than	Mast saw have alive on Market 1933;	death is said
FOR B IS A PE stated E properly certificate	6 1 6 1 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
FO IS stat properties	8. Trade, profession, or particular	were es follows:	Date of onset
HIS be be of	sawyer BOOKKEEPER atc A. Morkinger		a0
RESERVEL G INK—THI GE should be that it may be ons on back of	industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.	Pencions anemy	mode
IN I	O Date deceased last worked at this occupation month and spant in this		····· &
RE VG I AGE that	yeer) after you occupetion of E	Other Contributory Causes of importance:	3
. [4]	t2. BIRTHPLACE (city or town)	A D	
MARGIN RI UNFADING supplied. AGI n terms, so tha	(State or country)	lug artentis	Zuly
	13. NAME / acof Startifier.		
·= 70	4 14. BIRTHELACE (city or town Derseley Cy That	Name of operation	2-1
fully nt pla	15. MAIDEN NAME Margres Homes	What test confirmed diagnosis? Was there an aut	opsy?
	15. MAIDEN NAME Marghey Harves 16. BIRTHPLACE (city or town der Lley & Thya- (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury	70
ILY VTH	State or equintry)	Where did Injury occur?	
PLAINLY, ould be call DEATH	17. INFORMATION CACHE Star Films.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE	E,
Should OF D	(Address) Hancock They	1	
20 2	18. BURIAL, CREMATION, OR REMOVAL church Fredty Co	Manner of injury	
Mation S CATUSE FION is	Plane 2 Dete 219 , 193	Nature of injury.	
A BEE	19. UNDERTAKE & FOUNTIES	24. Wes disease or Injury In any way related to occupation of deceased?	40
N N	(Address) Adversof to My	If so, specify A Palel	
× ×	20. FILED 3/ 17 , 13 33 J Section 1	(Signed) Accorded	us.
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
3		E		

ADDITIONAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEAT pluods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in Length of residence in city of the M2S. if of foreign birth? PHYSICIAN ECORD. (a) Residence: No. (Usual place of above) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) (Month) 5a. If married, widowad, or divorced HUSBANO of CERTIFY That I attended deceased from (or) WIFE of 73 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years Months Davs If LESS than to have occurred on the date stated shove at I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc ... Industry or business in which may back work was dona, as SILK MILL. SAW MILL, BANK, etc ... Data deceased last worked at on 11. Total time (years) this occupation (month and spant in this occupation __ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) Name of operation... plain (Stata or country) carefully What test confirmed diagnosis?_____ Was there an autopsy: MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following Ξ Accident, suicide, or homicide?_____ Date of injury_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_. (Specify city or town, county and State) DE Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT pluods OF. (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of Injury WRITE CAUSE nation LION Nature of injury 24. Was disease or injury in related to occupation of decaased? 19. UNDERTAKER If so, specify נט (Signed) (Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

(Year)

Date of onset

BINDING FOR RESERVED MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis PR 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

PHYSICIANS should state ECORD. Every item of inforof OCCUPA-Exact statement stated EXACTL IS A PERMANEN properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. H UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINLY, V. S. No. 1

ż

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-20
County Nashing 100	Registration Dist. No. 201
	No. 16, 9, 9, 42 St., Ward If death occurred in a hospital or institution, give its NAME instead of street and aumber)
	osds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME 30 SELON HENRY SIY	aleq
(a) Residence: No. Will aus part Residence de abode)	2 St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorcad HUSBANO of (or) WIFE of CLark	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) / Say 27-1867	1 last saw h alive on 19 to 19 3 19 3 3
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.
60 7 1 2.8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	P
SAWYER, BOOKKEEPER, etc. SAWYEY	Feronce undocardely 4 yr
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at 11. Total time (years)	3
this occupation (month end year) spant in this 30	
12. BIRTHPLACE (city or town) MQ 40245 bur a	Other Coatributory Causes of importance:
(State or country)	Sulmonary edema 12h
I 13. NAME Dames Director	
14. BIRTHPLACE (city or town) WE EN S. DUY C.	Name of operation Oata of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
16. MAIDEN NAME IN QYY Spidel	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) TTC cells burg	Accident, suicide, or homicide? Oate of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Dentley Straley (Address) Williams port mil	(Specify city or towa, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL To d	Menner of injury
Placel ! Mi auspart Oatallar 38, 1933	Nature of injury.
19. UNDERTAKER FIT, Coffman (Address) Face extrous. Make	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDA BOAN 216, 1933 los to Bockardi Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	HYSICI	PHYSIC	PHYSICI
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PHYSICIANS should state Exact statement of OCCUPA. ECORD. Every item of infor-H UNFADING INK-THIS IS A PERMANENT stated EXACTL properly classified. MARGIN RESERVED FOR BINDING certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be TION is very important. See instructions on back of mation should be carefully supplied. -WRITE PLAINLY,

N. B.

	S'	TATE C	F MAR	YLAND—	CERTIFICATE OF DEATH	40 10
1	. PLACE OF DEAT	тн			9	20.79
	CountyWa.	shingto	n	TE-LIMITE ST	Registration Dist. No. 2	5
	Village or City_Ha.	gerstow	n	(16	No. Washington County Home St., death occurred in a horpital or institution, give its NAME instead of street and n	Ward wmber)
	Length of rasidence in ci	ty or town where d	ieath occurred	5 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2	. FULL NAME B	enjamin	F. Str	ride		
	(a) Residence: No				St., S Ward. If nonresident give city or town and	State
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
	Male Whi	r or race	OR DIVORC	RRIED, WIDOWED. ED (write tha word) LOWET	21. DATE OF DEATH March 26, (Month) (Day)	, 193 <u>3</u> (Year)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	orced			22. 1 HEREBY CERTIFY. That I attended of the standard of the s	deceased from
6 1	DATE OF BIRTH (month, da	v. and year) AU	gust 29	1856	Hast saw h. win alive on 12 March 25 , 1933	; death is said
	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at \$200A_m.	
	76	6	26	ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NO	R Trada, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEEPER etc. Laborer				1. 1.4.	
OCCUPATION	SAWYER, BOOKKEI	n which		<u> </u>	- Semulo-7	
CUP	work was done, as SAW MILL, BANK,	etc				
0	10. Data deceased last wo this occupation (mo	onth and	\$	I time (years) pent in this coupation		
12.	BIRTHPLACE (city or town)				Other Coutributory Causes of importance:	1932
	(Stata or country)	Md.				
FATHER	13. NAME Rufus			1	Date	
FAT	14. BIRTHPLACE (city or t (Stata or country)		Id.	ounty	Name of operation Data of What test confirmed diagnosis? Was there an a	utopsy?
IER.	15. MAIDEN NAME I	Elizabet	h Dome	r	23. If death was dua to external causas (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or t (Stata or country)	own) Shar	psburg	3	Accidant, suicide, or homicide? Date of injury Whera did injury occur?	
17	. INFORMANT Mrs.			3	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18	(Address) Hare B. BURIAL, CREMATION, OR	REMOVAL	NIC .		Manner of injury	
	Place Sharpsl	burg, Mo	l. DateMar	. 28, , , 1933.	Nature of injury	
10	UNDERTAKER Free	l W. Kra	iss,		24. Was disease or injury in any way related to occupation of deceased?	
		erstown		110	(Signed) Francisco Cully	ar b
20). FILED 3-28-	, 19.35	TROS	Moeren Registrar.	(Signed) Ja Walley (South M. A. (Address) Ja Las Line M. M.	м. D.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago WITTO DATE V Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroen teritis May 1.1923 1 year

PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be care

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	TREAD 00000
county Washington	Registration Dist. No. 302
Village or City Hade VS Town	No./2.449 Notomoe St., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
The Control of The	pson.
	5
(Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH TO
Temal White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Sacub 6.	22. I HEREBY CERTIFY. That I attended deceased from how. 1928 to Morel 3, 1933
1.4111 10113	ma. 12 22
6. DATE OF BIRTH (month, day, and year) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	last saw har alive on flower 3, 1933; death is said
C a law hrs	to have occurred on the date stated above, at
S Trade explanation or particular	were as follows: Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Coupul onyocorano 2 mot
9. Industry or business in which	Culous long
A. Hade, phorassing, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and t	2 yrs t
10. Dato deceased last worked at this occupation (month and spent in this	
year) 9 3 ccupation to 4.5.	
12. BIRTHPLACE (city or town) Des Thaines	Other Coutributory Causes of importance:
(State or country) 9 0 w b,	De France hor 32
# 13. NAME John Hil bert	pri tuna
13. NAME JUM Hilbert 14. BIRTHPLACE (city or town Des TTO) nes	Name of operation Aprel Date of
(State or country)	What test confirmed diagnosis? Plane Was there an autopsy?
15. MAIDEN NAME NO Record 16. BIRTHPLACE (city or town). M	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide andwelly Date of injury hor, 1932
(State or country)	Where did injury occur Vaga lam, my
17. INFORMANT Mrs A.C. Maisch.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOM5, or in PUBLIC PLACE.
(Address) Hageystown, md.	Home - fell on flow.
18. BURIA COREMATION, DR. REMOVAL PU TO CO	Manner of injury - Thereline - Rugard reck . 14. Home
Place hiladelphia batellar 50, 1933	Nature of injury.
19. UNDERTAKER AM, Comman	24. Was disease or injury In any way related to occupation of deceased?
(Address) Hadreys town, male	If so, specify
20. FILED 3 , 19 S & May 11/000 C 1	(Signed) W. M. D. (Address) Hoger form M. D.
If more blanks are needed, address State Registrar,	2418 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: PEFF Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

BINDING

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03332
	infor- state UPA-	1. PLACE OF BEATH	(50) 1/
RI	73	County Malhunglow,	Registration Dist. No.
m)	8 8	Village or City Advanced Co	NoSt., Ward
	.= 0	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ND. Every YSICIANS statement	100 20 150 00	3., \\ X '
	ICI. E	2. FULL NAME TURES	y Obras.
	RECORD. Every PHYSICIANS Exact statement	(a) Residence: No. A QNESTER (Usual place of abode)	St., Ward. If nonresident give city or town and State
	RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Ex.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (revite the word)	21. DATE OF DEATH \ QV. 25th 1933
J.G.	T I ied.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDIN	IANE) ACT assified	(or) WIFE of HENDERT	HEREBY CERTIFY. That I attended detensed from
Z	RM X cla	0 100 1070	19 17 , 10 1000 1, 00 19 53
B	PE E ate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Bays If LESS than	I last saw h. A. Jalive on J. M. J. 1933; death is said
FOR	IS A PE stated E properly certificate	7 (/ _ 1 day,hrs.	to have occurred on the date stated above, A
F(Sta sta pro	8. Trade, profession, or particular	were as follows:
Q	HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
VE	ould may back	9. Industry or business in which	State of State of the state of
ER	35 E .	work was done, as SILK MILL, SAW MILL, BANK, etc.	g chesta, would
RESERVED	IN E s at it on	O 10. Pate deceased last worked at this occupation (month and year) occupation occupation	and Recture.
2	AGE that) Josephann	Other Coutributory Causes of importance:
Z	NFADING pplied. AGI erms, so tha instructions	12. BIRTIIPLACE (city or town) (State or country)	
MARGIN	UNFA ipplied terms,		
A		E	Charles of Original
2	TH U	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? A A CO A So Was there an actions of the confirmed diagnosis?
- 77	efully in pla ant.	15. MAIDEN NAME (SOCK O)	What test confirmed diagnosis? I Was their an actionsyl
	- H	± The state of the	Accident, sulcide, or homicide? Date of injury
	LY ca	O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
	AINLY, Id be ca DEATH y import	74. VI ST (O M)	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
		(Address)	
1	shou OF	18. BURIAL, CREMATION, OR REMOVAL a mid , 5	Manner of injury
)	AUSE ION i	Place Alles lugton Date 1/28 , 103	Nature of Injury
_	W. W. A. C.	19. UNDERTAKER I 9 entreus	24. Was disease or injury in any way related to occupation of deceased?
No.	2	(Address) Haware	If so, specify
vi.	- n	20. FILED 3/26 1033 28 Jeullin	(Signed) / flees a of leg sis M. D.
>	Sal	Registrar.	(Address) Stacked 2005
	W	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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		RECEIVED		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

11 11			4)	
County Mashington	2		Registration Dist. No. 302	
Village or City Man	Beards.	Church	No. St.	Wat
Length of residence in city or town whe	ere death occurred	2 yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and numbers. ds. How long in U.S. if of loreign birth?	er)
2. FULL NAME Charle	the lo	Troupe.		
(a) Residence: No	(Usual plac	e of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIS	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	THE THIRD
3. SEX 4. COLOR OR RACE Female White	OR-DIVORC	RRIED; WIDOWED, ED (write the word)	21. DATE OF DEATH 7- 2 - 37 .193	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		- Light	22. I HEREBY CERTIFY, That I attended decea	(Yaar) esed fro
7-22-1931			2-4- 1953,10 3-4-	19 30
DATE OF BIRTH (month, day, and year)			I last saw bear alive on 7 - 4 - 19.77; dea	th is sa
. AGE Years Months	Oays	if LESS than 1 day,hrs.	to have occurred on the date stated above, atm,	
1 8-	12	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	e of onse
8. Trade, profession, or particular kind of work dona, as SPINNER.			Dat	# 01 ONS
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			Whoopey wigh	my
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			Broady Phyman	M
0. Oate deceased last worked at this occupation (month and year)	Sp	time (years) ent in this cupation		
2. BIRTHPLACE (city or town) Fea (State or country) Wash,	les ins	a leburde	Other Contributory Causes of importance:	
13. NAME Colay tou	Trous	-		
14. BIRTHPLACE (city of town) (State or country)	Luch les	1116	Name el operation Oate of Oate	
15. MAIDEN NAME Carlus	· L	- and	What test confirmed diagnosis? Was there an autops 23. If death was due to external causes (VIOL ENCE) fill in also the following:	у г
16 BIRTURI ACE (-ia	as Lit	5	Accident, suicide, or homicide? Date of injury,	10
16. BIRTHPLACE (city or town) Acc (Stata or country) Fa	the len 1	ud I	Where did injury occur?	13
7. INFORMANT Clay for (Address) Smiths b	n From	hR. F.D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION, OR REMOVAL	toward		Manner of injury	
Place alirungs st	Date H	arch 8, 19.33	Natura of injury	
9. UNDERTAKER Jueo . 3.	Hoor 2	es.	24. Was disease or injury In any way related to occupation of deceased?	
(Address) multis		- V7		

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

(Year)

Date of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	i i		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
$C_{ij}(x) = C_{ij}(x) + C_{i$			N. A.

12%			

STATE OF MARYLAND	CERTIFICATE OF DEATH 03335
1. PLACE OF DEATH	
County Washing ton	Registration Dist. No. 30
Village or City Mar Kohunsville	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME The Marcha. alice . Ho	et 1
(a) Residence: No.	Ost., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Shite 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH March (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walt	22. HEREBY CERTIFY, That I attended decaased from
17 9864	1 last saw h. 44 aliva on Mar 3 12 1933 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at \$100 7 m.
8-9 9 2 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular Aind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Interio defersion Bet
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10. Data deceased last worked at this occupation (month and year)	
Mas Cohumoville.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Wash les MM	Chronie Interstition Rapprilie
13. NAME Dont . Know.	Girperio a mercia de la composición dela composición de la composición dela composición dela composición dela composición de la composició
13. NAME Nout. 14 now.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Dant Kerous	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Dout Know (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT John. Stalty	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Smiths bring Maurolium March 5, 1933	Manner of injury
19. UNDERTAKER LAGO. B. Hoover	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3-4, 1933 Sport Bowers	(Signed) Surth Wrohmony M. I

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			.04

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 Ä ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03336
1. PLACE OF DEATH	72:00
county Washington	Registration Dist. No. 30 Z
Village or City Mangansville	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME John W Wegge	0.4
1 244 , 00	
(a) Residence: No. Manganante (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male White Married	March 18, 193 3 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Chara 10 Weaver	gan 1 , 19 33, 10 March 18 , 19 33
6. DATE OF BIRTH (month, day, and year) Sept 9. 1854	I last saw h ha alive on March 10, 1973; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3. A.m.
7 8 6 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
& Trade profession or particular	Chromic Endo Carditio Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	artinio - oclerosio
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and	
Date deceased last worked at this occupation (month and year) 11. Total time (years) spant In this occupation occupation	
12. BIRTHPLACE (city or town). Lancaster County, (Stata or country)	Other Cantributery Causes of importance:
13. NAME abram by Weaver	
14. BIRTHPLACE (city or town) Lancaster County	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha Wenger 16. BIRTHPLACE (city or town) Lancaster County	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Lancaster County	Accident, suicide, or homicide? Date of injury
(Stata or country) Pa	Where did injury occur?
17. INFORMANT Mrs. Clara B Weaver	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury
Place Reiffa menonte Data Mar 21, 1933	Nature of injury
19. UNDERTAKER Scott 7 Minnich + Son	24. Was disease or injury in any way related to occupation of deceased? To large
7-18 23/19 14/2	If so, specify
20. FILED 19 192 CHALFTDOWN	(Signed) Majustown M.D.
Registrar.	(Audiess)

If more blanks are needed, address State Registrar, 2411 N. Garles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance.	
May 1,1923		1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

1	STATE (OF MAR'	YLAND-	CERTIFICATE	- OF DEATH	(127994
1. PLACE C	F DEATH			[3]		03337
County	Washington	_			Registration Dist. No.	306
Village or	City Pear	Edgerno		No		St.,Ward
Length of re	sidence In city or town where	death occurred	S-yrs mos		nstitution, give its NAME instead of stre	
2. FULL N	5)	is es	delle			
(a) Reside		34.S.		St. Ward.		
(a) nesido	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Usual place	of abode)		If nonresident give city or to	
	NAL AND STATIS				CERTIFICATE OF DEA	TH
Male	1. COLOR OR RACE	5. SINGLE, MARI OR-DIVORCED	(write the word)	21. DATE OF DEAT	Mas 16 (Day)	, 199 (Year)
5a. If married, wido HUSBAND of (or) WIFE of	wod, or divorced	is alie	e Heddl	Jan / O	BY CERTIFY, That I at	
& DATE OF DIDTU	2 - 2 A / P & ' Y			I last saw han alive on	Dan	
	ears Months	Oays	If LESS than		stated above, at 1-30 Pm.	
7	6 1	17	1 day, hrs.	were as follows:	DEATH and related causes of important	Date of onset
8. Trade, prof	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc.	Zaharer		arteno a	clerans	1828
9. Industry or work w	business in which as done, as SILK MILL, ILL, BANK, atc			-		
- 1 4 11110 000	sed last worked at supation (month and	11. Total ti spen	me (years) t in this			
year) _	6.	/	pation	Other Coutributory Causes of		100
12. BIRTHPLACE (State or co		1 soung	nel	Chrome	Brighto diseas	1 693
-	Samuel. 1	acobo 01	reddle			
13. NAME 14. BIRTHPLAC	CE (city or town)	red les	end	Name of operation	Oz	ate of
(81210	or country)			What test confirmed diagnosis	s? Was th	ere en autopsy?
15. MAIOEN N	AME Elizab	ethe . It	elty	23. If death was due to externa	al causes (VIOLENCE) fill in also the f	ollowing:
	CE (city or town)	sersolle	d s		e? Date of Injury.	, 19
(State	or country) Than	ed Ile	, , , , ,	Where did injury occur?	(Specify city or town, county	
7. INFORMANT (Address)	Edgemon	1 and		Specify whether injury occurr	red In INDUSTRY, In HOME, or In PUB	LIC PLACE.
	ATION, OR REMOVAL		,	Manner of injury		
Plece	llys Gravey	Dete Mars	le 13 , 1932	- Neture of injury		
19. UNOERTAKER	[Losso. B. 1	tomen		24. Wes disease or Injury In a	ny wey related to occupation of decee	sed?
(Address)	Smitsler	ug mod		If so, specify		
20. FILEO Ma	in. 11,19 He	S.W. 5	grangery.	(Signed)	orefame	m.
		ALTE O	Kegistrar.	(Address)	www.	97.57

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BURRAU V.S.			
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ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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BINDING

FOR

RESERVED

MARGIN

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